THE LANCET.

VOL. II.] LONDON, SATURDAY, APRIL 16, 1836. [1835-36.

LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

DELIVERED IN THE UNIVERSITY OF PARIS.

BY M. ANDRAL,

Physician in Chief to the Hôpital de la Pitie, and Professor, and Lecturer on the Principles and Practice of Medicine, in the Faculté de Médecine of Paris.

LECTURE XX.

CANCER OF THE NERVOUS CENTRES.—CALCULOUS DEPOSITS ETC. IN THE BRAIN.

GENTLEMEN: In our last lecture, we completed the history of tubercles of the nervous centres. We shall now commence that of cancer when seated in the same parts.

Cancer of the nervous centres does not present any special difference of anatomical characters or disposition from the same lesion in any other part or organ of the body; we shall, therefore, pass by the anatomical pathology, and turn at once to considerations of another nature. Cancer of the cerebro-spinal axis is a disease still more rare than tubercles of the brain and spinal marrow; however, this lesion certainly exists; we possess a certain number of cases observed by men fully capable of distinguishing the disease, and on whose authority we may place full reliance. But these cases, as we have just now said, are rare; the number of authentic cases is very limited, and can only serve to furnish a few observations, from which we cannot hope to form anything like a complete or general description; it is always, however, good to make an effort at reducing the knowledge we possess upon any lesion into a systematic form; we thus lay a foundation upon which others may work, and as time and further researches enlarge the circle of our facts, we may hope that others will be enabled to deduce certain general conclusions which, in the actual state of the science, *we* cannot venture to aim at.

We are acquainted with only forty-five cases of cancer of the nervous centres, published up to the present day; of these I had examined forty-three, when the last edition (1833) of our *Clinique Medicale* came out; since that time I have found only two additional cases; one of these has been published by Mr. BELL; the second was observed by M. DECHAMBRE, interne at *Salpetriere*, and is to be found in the first number of the *Bulletin Clinique*, published by MM. PIORRY, LHERISTIER, &c.* On adding these two latter cases to the forty-three with which we were previously acquainted, we obtain a sum total of forty-five cases of cancer of the nervous centres. Let us now make an analysis of these forty-five cases, and see whether we can obtain sufficient materials for anything like a general history of this lesion; and first to determine, as we have already done for cerebral hemorrhage, ramollissement, tubercle, and other lesions, whether—

Is Cancer found more frequently in one part of the Nervous Centres than in another.

Now, in our forty-five cases, we find thirty-two in which this accidental product occupied one of the cerebral hemispheres; in five cases it was seated in the cerebellum. Thus you see, at a single glance, that the cerebellum is much less subject to cancerous deposit than the anterior portions of the brain; five to thirty-two is a very large proportion on the side of the latter. In two cases only the cancerous mass occupied the substance of the mesocephale;† we find three cases for the pituitary gland, and, finally, three more examples of cancer, in the spinal marrow.‡ If, instead of cancer confined to

* A third case, detailed in the most precise manner, may be found in the *Arch. General.* for 1834, p. 239, by M. CARRE.—REP. L.

† The case of M. CARRE, above noticed, was one of cancer of the mesocephale or pons; added to the two of M. ANDRAL it makes three.—REP. L.

‡ There is also a case of cancerous tumour in the left pyramidal body, reported in the *Gaz. Med.* of London, June 1834.—REP. L.

the nervous pulp, we were to take cases in which the morbid product existed within the cavity of the vertebral canal, we might increase our number by two or three more cases; however, we cannot strictly include these latter, for the cancerous mass is developed in the membranes of the chord, and not in the nervous substance itself; it is to the latter species that we now direct our attention, and we are acquainted with only three examples of it.

Volume and Number of Cancerous Formations.

Cancer of the nervous centres presents itself with a great variety of volume. In some cases the accidental product acquires a very great mass; the cancer may occupy one-fourth, one-third, of the whole hemisphere of the cerebrum; in other cases the cancerous tumour is small, and is disseminated throughout various parts of the brain. The number of these cancerous formations is also variable; thus we often find not more than one or two cancerous tumours in the hemisphere, whilst in other cases we find a great number of moderate volume, but scattered throughout different points of the cerebro-spinal axis.

The Nervous Substance around

the cancerous production is far from presenting itself in all cases under the same aspect, or in similar conditions. In a certain number of cases, we find the nervous pulp immediately surrounding the cancer, in its normal state, and perfectly intact. In other cases the nervous pulp is more or less changed. Sometimes we simply find traces of congestion, either slightly or deeply coloured: in others, the substance of the hemisphere around the cancer is hardened, or inflamed, or presenting divers degrees of ramollissement. In a word, we may find all kinds of lesions in the nervous substance, produced by the presence of cancerous as well as tubercular deposits in the brain. When the cancerous mass has reached such a degree of development as to arrive at the surface of the brain and its meninges, it may give rise to various diseases in these latter parts; in some cases the membranes, as well as the cerebral pulp, are intact; but in others, they are more or less injected, infiltrated with serum, thickened, &c. The hard parietes of the skull may also be implicated in the disease. Thus, after having made its way to the dura mater, the cancer first destroys this membrane, and then the bones of the cranium. In some cases it has penetrated through the cribriform plate of the ethmoid bone, filling the nasal fossa, and all the sinuses that communicate with them. In others, the cancerous mass has been found protruding through the different foramina at the base of the cranium, and embracing in its ramifications all the parts lying beneath the base. The nerves themselves may also be attacked, by the extension of the disease from the cerebral tissue to their trunks or roots. The lesion of the nerve is not always the same; sometimes the nervous filaments are merely compressed, and their functions not completely destroyed; the portion of the nervous trunk lying close to the cancerous mass is flattened; at other times the trunk of the nerve is not only flattened, but destroyed by the effect of the compression which has been exercised on it. Finally, the nerves may partake of the cancerous degeneration, and become comprised in the morbid growth which has embraced all the neighbouring parts.

Cerebral Functions deranged by Cancer.

You must see, at once, how important it is to be acquainted beforehand with the lesions that may be produced in consequence of the development of an accidental product within the cavity of the cranium. It is unnecessary to call to mind what a variety of parts, each directing a different function, is contained within that cavity, and as the cancer may extend to any of those parts, and compress or irritate them by its vicinity, we must have a great variety of symptoms, according as different organs may be injured. Thus, you can conceive that in cases of cancer developed at the base of the brain, or about the medulla oblongata, in proportion as the tumour acquires magnitude and implicates the eighth, the seventh, the fifth, or other nerves, we shall have different symptoms produced one after another, apparently without any connection, but depending on the extension of the original disease to the parts above mentioned, and only to be explained in this manner: thus, suppose the fifth pair to be first engaged, we have a modification of sensibility in all the parts with which that widely-distributed nerve is connected; the motions of the cheek, lips, &c., become deranged as the portio dura is pressed upon. Finally, when the malady has reached the eighth pair, we have still graver symptoms manifested; the motions of the tongue become embarrassed; the speech is lost, respiration and deglutition get difficult, and death soon ensues.

Cancerous Diathesis.—Causes of Cancer.

You must be aware that the morbid product called "cancer," is frequently met with in different organs of the body at the same time. This repetition of the disease is commonly attributed to a constitutional peculiarity, which we denominate the "cancerous diathesis;" hence, if we have cancerous deposit in any part of the frame, we may expect to find it in the brain also. Let us examine our forty-five cases in order to see how far this latter assertion may be con-

formable with facts. Now, in the forty-five cases which we have analyzed we find only ten where cancerous deposit existed in other parts of the body, at the same time that it was found in the brain, and moreover it would appear that in the whole of these ten cases, the brain was the last organ attacked.

In speaking during our last lecture on the causes which produce tubercles of the nervous centres, we said that no special cause of their development in the brain could be discovered. They are deposited within the cavity of the cranium under the same circumstances as in the cavities of the chest or abdomen: the same remark applies to the development of cancer in the brain; it is produced in the nervous centres under the influence of the same occasional causes that give rise to its formation in other tissues; but it is not always easy to appreciate or discover the occasional cause of cancer. Thus in our forty-five cases we have sought to find if we could determine the cause that gave origin to the commencement of cancerous deposit. In only ten cases have we been able to discover any thing like a cause, viz., external violence inflicted on the cranium; in all the other cases the disease originated, as it is said, spontaneously, i. e. without any cause appreciable to us. Authors have been in the habit of attributing a certain influence to the

Period of Life

in the production of cancerous deposit in the nervous centres; all that we can affirm however is, that cancer of the brain is most frequently found at that age or period of life in which cancer in general exists with most frequency: thus cancer exists more frequently from the age of 2 to 17 years, and it is precisely at this same period that we find cancer of the brain most common. Let us make a rapid analysis of our cases in this point of view. Before the age of 20 we find nine cases of cancer of the nervous centres; of these nine cases two existed in children 2 years of age; one at 3 years; one at 4; and then we find the remaining five cases thus distributed, 7 years, 11, 12, 14, and 17 years of age. Between 20 and 30 we know of only three cases; one at 21 years; the second at 26; the third at the age of 29. From 30 to 40 we find the cases become much more numerous; in that period we find comprised no less than eight; viz., two at 33 years; one at 34; one at 36; two at 37 years; and, finally, two more at the age of 38. Here then you see a sudden increase of from three to eight cases: at the period of life comprised between 30 and 40 years, we have nearly three times more cases of cancer than between 20 and 30. From the age of 40 to that of 50, the number of cases increase still more; thus we find in this period not less than eleven, distributed in the following manner:—one at the age of 40; one at 41; three at 45; three at 47; two at 48; and, finally, only one at the age of 50. Now at from 50 to 60 years, the number begins to descend: we find now only nine cases at that period of life, viz., one at 51; three at 52; one at 55; one at 57; and the three last cases at 58. As we advance in the ages of our patients, we perceive a marked diminution in the number of cases. Thus, at from 60 to 80 we find only five cases, distributed as follows, viz., one at 62; one at 64; the third at 66; one at 71; and the fifth or last at the age of 77. Let us now hasten to examine the

Symptoms of Cancer of the Nervous Centres;

and here we have to make the same observation which has already been suggested by other accidental productions in the brain, viz., that cancer does not reveal its presence by any peculiar or special phenomena. According to its seat and volume, according to the condition of the surrounding nervous pulp, and very frequently according to the sympathetic effect it may produce on distant parts of the brain, cancer may cause different functional derangements, and our diagnosis must often be founded much less on the nature of the symptoms, than on the manner in which they march and are connected together, or on the previous and present history of the patient. We shall study, according to custom, cancer as it may be seated in the cerebral hemispheres of the brain, in the cerebellum, or, finally, in the spinal marrow; and first for the symptoms of cancer

In the Cerebral Hemispheres.

The accidents produced may, in the first place, manifest themselves in connection with the intellectual faculties, but here they are far from being constant; thus in a great majority of cases of cancer we find the intelligence remains intact. This was the case even in one example where an immense cancerous mass filled the right cerebral hemisphere. At other times the intelligence is modified, but the disorder is not very marked, and comes on only towards the termination of the disease: there are other cases where the trouble of intelligence is intermitting. The mental power is disturbed at uncertain periods, while during the intervals the patient possesses the full enjoyment of his reasoning faculties. Finally, certain cases of cerebral cancer are recorded, in which the lesion of the intelligence was carried to such a degree as to terminate in mental alienation.

The Lesions of Movement

next demand our attention; these may present themselves with the same variety as lesions of intelligence; like the latter, they are absent in several cases; thus, when the cancerous production is developed in a slow and

gradual manner, the brain becomes, as it were, habituated to the presence of the foreign body, and does not betray any symptoms of irritation, or give any sign whatever of functional disturbance. In other cases, we observe more or less trouble of the moving power: most ordinarily, this trouble consists in paralysis; the loss of motion is then developed in a gradual manner; the paralysis is formed slowly, and not with the sudden attack that characterises apoplexy. The limbs at first feel dull, heavy, numbed, the fingers become weak, the hand is unable to grasp an object with firmness, or the gait becomes uncertain, the toe often strikes against the ground; this feebleness of the voluntary muscles is more and more pronounced, and, finally, terminates in complete paralysis. After what we have said in the lecture on cerebral hemorrhage, it is unnecessary to mention that the paralysis takes place invariably on the side of the body opposite the lesion in the brain; however, when it has continued any length of time, the hemiplegia is often converted into general paralysis. In a very remarkable case, the knowledge of which we owe to M. ESQUIROL, paraplegia was the result of a double cancer of the brain: the anterior extremity of both hemispheres was occupied by a cancerous mass, which gave rise to paralysis of the superior extremities, while, contrary to what usually happens, the inferior limbs remained intact.

Instead of partial or general paralysis, cancer of the cerebral hemispheres may produce convulsive movements that attack either one or more limbs, or the whole body; thus, in several individuals, the existence of epilepsy has coincided with the development of a cancerous deposit in the brain. Remember, then, that amongst the various causes of epilepsy, we must enumerate cancer of the cerebral hemispheres. Having thus disposed of motility, let us next examine

The Lesions of Sensibility

that accompany cancer of the brain. These are at least as variable as the troubles observed in connection with movement and the intellectual faculties. One of the most striking is headache. This is a prominent symptom, which presents itself in nearly all cases of cerebral cancer; it is an intense pain, persisting generally with severity, and forming a grave phenomenon in the ensemble of signs which we observe; however, in some cases, this cephalalgia is either absent, or exists under so mild a form, as nearly to escape the notice of the patient himself.

Here a question of some interest presents itself: Has this headache a particular nature? Can we recognise it as the lancinating pain of cancerous affections? You know the peculiar pain which is attributed by most writers to affections of a cancerous nature. Now this special pain is far from being mentioned in all the published cases of cancer; on the contrary, we only find it described as existing now and then; thus, in a majority of examples, where headache is described as one of the prominent symptoms, we find that it did not differ in any respect from the ordinary pain observed in ramollissement, tubercle, or other cerebral affections. However, in a few cases, the existence of a lancinating pain similar to that of cancer in other parts of the body, has been placed beyond the possibility of doubt. We call to mind especially one case, where, for a long period of time preceding any other symptom, the patient suffered under a violent headache, sometimes of a lancinating character, at other times burning, and giving rise to excruciating tortures; hence, whenever this lancinating pain of the head exists with any constancy, we may seize on it as a symptom calculated to lend some considerable aid in clearing up our diagnosis of cerebral cancer; but, on the other hand, we must be on our guard, and avoid the error of supposing that when a lancinating pain is absent, no danger of cerebral cancer exists. In cancerous affections of various other organs of the body, we frequently observe the absence of this lancinating pain, that is to say, the special character "lancinating" does not always attend the pain produced by the disease. Thus how many cases do we possess, where cancer of the stomach of some one of the abdominal viscera &c. has been accompanied with any peculiar pain, which might have revealed the nature of the organic affection. The pain which attends cancer in general, is, in fact, of various kinds, depending more on the sensibility of the patient than the nature of his affection; and we cannot help thinking, that the term "lancinating" has been applied in much too general a manner as a diagnostic mark of cancerous disease.

The pain is often situated at the side of the head, near which the cancerous product exists, and then throws some light, if not on the exact nature of the disease, at least on the probability of a foreign body being present; however, in many other cases it is general, and does not in any way indicate the point of the brain that is the seat of injury. The cephalalgia accompanying cerebral cancer, is sometimes constant, at other times intermitting; in the latter case it may resemble neuralgia, radiating from a constant point of the cranium to other parts. The pain, of which the cerebrum is the principal seat, may manifest itself with more or less intensity in other parts of the body; thus, in some individuals attacked with cerebral cancer, the limbs, or different parts of the body, become the prey of certain pains, which may bear a close resemblance to rheumatismal or neuralgic affections; other patients present a remarkable exaggeration of the cutaneous sensibility; it

is impossible to touch any part of the skin, without producing the most painful and distressing sensations. On the contrary in certain other cases we find the cutaneous sensibility lessened, or perhaps altogether abolished. Thus you see how the same lesion may, by acting differently on different brains, betray this individual difference by the variety of functional phenomena which it determines.

Cancer, though bounded exactly by the cerebral hemispheres, without having in any way compromised the nerves, may exercise a certain *influence on the organs of sense*. Thus the very remarkable case of a young girl, seventeen years of age, has been published, affected with large cancer of the cerebral hemispheres; this patient gradually lost the power of movement in the whole body, and as the motility became extinguished, the different senses were at the same time slowly modified, and at length completely lost; yet, strange to say, in the midst of this general destruction, the intellectual faculties remained quite intact; the child could reason well; her memory, judgment, &c. were sound, although, towards the termination of her disease, she was incapable of moving, and without the power of seeing, and was deprived of smell, taste, and sensation in general. If we now examine what

Accidents of Nutritive Life

may accompany cancer of the cerebral hemispheres, we shall find that the latter lesion, like tubercle, often gives rise to certain derangements of the digestive organs. Thus vomiting has frequently been noted as one of the symptoms attending cancer of the brain; remember, however, that this symptom is produced by a great variety of cerebral lesions, and certainly depends not on this or that particular organic disease, but on a lesion of the nervous pulp surrounding the foreign body, which lesion propagates its influence to the stomach, and gives rise to nausea, vomiting, and other functional irritations of that organ.

The circulation and respiration are not troubled in any notable manner; in some cases we find palpitation of the heart mentioned as a symptom; in others the patient is described as being subject to attacks of dyspnœa. However, we look in vain after death for the cause of these phenomena; we are quite unable to discover anything in the seat or extent of the lesion, that will explain why the heart should suffer in some, the lungs in others; indeed it is probable they are sympathetic affections, depending more on the way certain parts of the brain are disposed to be affected by an irritating cause, than on any particular organic lesion. Cancerous deposit has much more influence on the functions of circulation and respiration, when seated in the spinal marrow, than when it exists in any part of the brain.

Lancinating Pain and Cancerous Tint.

A while ago we spoke of the value of "lancinating pain" as a symptom of cancer, and how far we might depend upon that sign. Here nearly a similar question presents itself. In endeavouring to determine our diagnosis, when we find that an individual presents most of the signs that indicate an accidental product in the brain, are we to look for the pale-yellow leaden sallow hue generally given by writers, as characterizing the visage of persons labouring under cancerous disease? We have here to make the same observation that we applied to "lancinating" pain. The sallow tint of cancer is rarely seen when the disease has its seat in the cerebro-spinal axis. If you examine the cases on record, you will find only a few in which this symptom is mentioned; however, whenever it does exist, it is certainly calculated to throw some light on the nature of the organic lesion present in the brain. You must not place, then, too much reliance on this phenomenon. This cancerous tint of the integuments may be absent, and, moreover, it does not present itself before a very advanced period of the malady.

Nothing is more variable than the

Duration of Cerebral Cancer.

In general we may regard cancer of the cerebral hemispheres as slow; as one of long formation. In a few cases, death may arrive in some months after the first appearance of the symptoms, but in a far greater number the disease runs on for years. The patient having suffered for a considerable period under the symptoms already indicated, either dies gradually in a state of extreme exhaustion, or another disease intervenes and terminates existence. Thus it is not rare to find cancer terminate in producing meningitis, congestion of the brain, encephalitis, &c., coma, and death, as we see in cases of tubercles; or, during the chronic stage, secondary inflammation may attack the thoracic or abdominal viscera, and hasten the fatal result.

Cancerous Tumours in the Pituitary Gland.

Cancerous tumours have been found occupying the pituitary gland, in three cases published by M. Roger. What were the symptoms in these three cases? In all, the author observed a sensation of weight in the anterior part of the head. In the first case, the individuals affected were dull and apathetic, and soon became blind; however, the latter symptom most probably depended on the pressure which the tumour exercised on the decussation of the optic nerves. This patient died in a state of coma. In the second case, the loss of sight was the very

first symptom observed. Soon after the appearance of this phenomenon, the individual was seized with headache, which persevered with little intermission for the space of three years. He presented nothing very remarkable, except this constant cephalalgia and weakness of vision. The subject of this second case fell gradually into a state of general feebleness, which terminated in coma and death. In the third case, we again find amaurosis mentioned. Thus you see that the power of vision was lost in our three cases. In the last, the intellectual faculties became modified towards the end of the disease; the memory was much injured, but the patient did not eventually sink into a state of coma, like the rest: on the contrary, he was seized with convulsive movements, in the midst of which he died. Such is a brief analysis of the only three cases we possess, where the pituitary gland was the seat of cancerous deposit. You see that you cannot hope to draw many general conclusions from so insignificant a number of facts; indeed we have not attempted the task. From the cerebral hemispheres, let us turn to the cerebellum. We are not acquainted with more than five cases of

Cancerous Productions in the Cerebellum.

However, few as they are, we must endeavour to make some use of them, and see what functional derangements were produced by the existence of the lesion in this part of the cerebro-spinal axis. We must commence, therefore, by reducing the number of our cases from five to three; we are compelled to set aside two, because they have been observed with carelessness, or imperfectly, or described in so general a manner, that we cannot place sufficient reliance on their accuracy. One of these cases is old; it is mentioned by Morgagni in his "De Sedibus," but he merely speaks of paralysis, attended with a scirrhous kind of induration in the cerebellum. It is impossible, you see, to decide if this were true cancer or not, and this case is altogether too vague to serve for our history of this disease. Thus we must try and build something like a description upon three cases; do not then expect it will be complete. In the three cases we find headache; the pain, moreover, always corresponded with the injured portion of the brain, and was seated in the occipital region; it was generally intense and constant; or sometimes it remitted, and came on from time to time in accesses more or less violent. It is natural to expect some considerable modifications of the motility in case of cancer, as well as any other foreign body in the cerebellum. What are these lesions? They vary in different individuals. Thus, in one, we find a general agitation of the muscles of the trunk and limbs; in another, the convulsive movement was accompanied by loss of consciousness, and gave rise to true epilepsy; in another case the motility was not disturbed in so remarkable a manner; the only indication of the presence of a foreign body in the nervous centres, was a tottering and uncertain gait. Finally, in one case was observed a momentary retroflection of the head and trunk. On examining our three cases of cancer of the cerebellum with attention, we do not find a single one in which a permanent lesion of motility, such as paralysis or contraction, is described to have existed.

The lesions of intelligence do not present anything very particular, or worthy of detailed notice. In one case only do we find the intellectual faculties injured; the patient's memory was lost, not his general memory, but the power of recalling to mind the names of things; this was at first momentary, and then became constant; the individual, however, preserved all along the memory of ideas, he evidently recollected, but was unable to give utterance to his recollections. In one case were observed sensations of giddiness and dazzling in the eyes; these were accompanied by pain, and preceded by vomiting, or excessive nausea. Such is a *resumé* of the symptoms that have attended cancer of the cerebellum.

Cancerous Growths in the Mesocephale.

next follow in order, and here we find only two cases of the disease.* What are the symptoms to which cancer of the mesocephale gives rise? The symptoms are not detailed at any great length in either of our two cases; however, the last seems to have been observed with some care, and is much more perfectly given than the first. You will find it in the *Bulletin Clinique* of M. Piorry, where it was published about a month ago by M. Dechambre, interne at *Salpetrière* (*Bull. Clinique*, No. 1, May 1st). The subject of this case was a female, twenty-six years of age; the first symptoms of disease in the brain were preceded by a prodrome; two years before her admission into the hospital she was seized with dizziness, vertigo, and palpitations; at the expiration of a year, violent headache, giddiness, and sense of creeping in the left arm; this gradually terminated in loss of motion of the member, and three months later the lower extremity on the left side gradually lost the power of moving. When admitted into the hospital, two years after the appearance of the premonitory symptoms, the hemiplegia of the left side was still incomplete; the cutaneous sensibility of the face remained intact on both sides, but the left nares seemed insensible to the touch of a feather, or the contact of tobacco. The mo-

* We have already noticed a third case in the *Archives Generales*, June 1834, where the symptoms and history are described with great accuracy.—Rep. L.

tions of the tongue were performed with a little difficulty, and it often became engaged between the teeth. These lesions of motility were soon joined by others of a different nature, the principal amongst which was an automatic, and almost constant, elevation and depression of the globes of the eye. We have already mentioned some phenomena connected with alterations of the sensibility; thus, at one period of the disease, the patient assured the author that the right side of the face was completely insensible; this however passed away, and the lesion shifted to the left side of the face; the left conjunctiva then became little sensible to the touch; the nares on that side also were incapable of distinguishing odours; finally, towards the end of the disease, there were pains in the heels, soles of the feet, calves, and knees. We shall read textually for you a certain number of symptoms. "Thus," says M. DECHAMBRE, "after the patient's admission, and up to the termination of her disease, we witnessed a multitude of attacks, in which the pupils remained contracted; the patient did not foam at the mouth, nor was she convulsed; she cried out from time to time, heard everything, but was unable to speak; these attacks became more and more frequent, and were repeated several times in the course of the same day; they were followed by the most violent headache, which diminished after vomiting, accompanied by severe pains in the joints. These symptoms were not the only ones; the patient was sometimes delirious, and towards the month of October was seized with a creeping sensation in the right hand, which gradually extended to the lower extremity on the same side; finally, for some time before her death, the patient presented the following assemblage of symptoms:—The eyes red and brilliant; complete amaurosis on the left side; incomplete at the right. The patient complained, when eating, of not being able to taste the food in her mouth; the left nares was completely insensible; the tongue deviated strongly towards the left side." These symptoms continued without any change until death. On examining the body, the brain in general was found healthy; however, the mesocephale (*pons varolii*) was evidently enlarged, and in the centre was found a small cancerous mass, enveloped in a brownish-blue, gelatinous, but dense substance, which extended forwards as far as the deepest of the transverse fibres of the pons, and backwards as far as the anterior surface of the fourth ventricle; the tubercula quadrigemina were thus engaged; the aqueduct of Sylvius was obliterated, and the surface of the ventricle itself presented an irregular and brownish appearance. There was no trace of cancerous production in any other part of the body.

The phenomena which presented themselves during life in the present case, were, as you see, very various. How are we to explain their production? On reading over the account of the anatomical appearances observed after death (and this shows the great utility of a minute and accurate description of all morbid appearances), we find the different functional derangements fully explained by the extension of the disease from the pons varolii to the origins of the fifth and second pairs of nerves; thus the senses of taste and smelling were diminished or partially lost, and you see how the fifth pair of nerves were diseased; moreover, the lesion in the pons extended more to the left than to the right side of the pons, and we accordingly find that the senses were modified in a much greater degree on the left side of the body. The sight was nearly gone, and the tubercula quadrigemina were found implicated in the disease.

We have next to examine

Cancer of the Spinal Marrow.

Here also the disease is very rarely observed; we have not been able to collect more than three cases; of these three observations, that published by M. VELPEAU, in 1825, is certainly the most remarkable, and most worthy of attention. The subject of M. VELPEAU's case was a female, thirty-five years of age, who, for some time, suffered under pains in the limbs and convulsive attacks; these were followed by a gradual paralysis of the sensibility and motility; such were the principal symptoms accompanying cancer of the spinal chord in this example; pains along the members, convulsive movements, and, finally, paralysis.

We have now laid before you a brief history of cancer when affecting the nervous centres. Our description is, perhaps, very imperfect, but, considering the limited materials we possess, it seemed to us preferable to describe the phenomena observed in certain groups of cases, rather than to attempt a general description of the disease. We have now disposed of tubercle and cancer, the most important amongst the foreign or accidental productions which have their seat in the cerebro-spinal axis. But there are certain others which we should examine. Thus, true calculous formations have been occasionally discovered in the brain; we have collected seven cases of

Calculi of the Nervous Centres.

They do not occupy in equal proportion the cerebrum, cerebellum, and spinal marrow; thus, of our seven cases, six times the calculi were found in the cerebral hemispheres; one in the cerebellum; while the spinal chord does not furnish a single example. In the three first of our cases we find the calculous matter was small, and disseminated in the nervous pulp rather than collected into a single mass, as in tubercles or

cancer; in one case the calcareous deposit was attended with tubercle in another part of the brain. One of the three cases just now alluded to, was observed by me at the *Hopital des Enfans*, and is noticed in the *Clinique Medicale*, t. 5, p. 720. The second has been described by Dr. AVISARD, in the 75th volume of the *Bibliothèque Médicale*. The third observation belongs to Dr. LEGUILLOU: You will find it in the *Journal Hebdomadaire* for 1835, No. 15, April, p. 33.*

In these three cases of calculous deposit in the brain what were the symptoms observed? In mine, the only symptom worthy of notice was a curious movement of the head, alternately from right to left, and *vice versâ*. Here the calculi, in great numbers, were contained in a cyst which occupied the right lobe of the cerebellum; in the second case the corpora striata were the seat of about thirty calculi, differing in size from a millet grain to that of a pea; the only symptom in this case was a modification of the motility; the patient for two years had suffered under violent cramps of a painful nature in the calves of both legs; he was then seized with severe spasmodic movements and convulsions of the four extremities; these accidents continued only for a few days, when the respiration became stertorous, and the patient died in a state of coma.

The case described by M. LEGUILLOU occurred in a young girl, nineteen years of age. She had been subject to frequent headache, generally coming on at the menstrual periods; about two months before her death the headache became constant, and about six or eight days before death she was seized with convulsions, which terminated in loss of consciousness, foaming at the mouth, &c.; in a word, in true epilepsy. This state lasted only for one or two days, after which the girl died. Several encysted tubercles and calculi were found in different parts of the cerebral hemispheres. In the other cases, instead of small calculi disseminated throughout the nervous pulp, we find the calculous deposit collected into one mass of various magnitudes.

It is unnecessary for us to dwell upon the symptoms observed in these cases: they did not present anything particular, being exactly similar to those produced by accidental formations in general; we shall, therefore, refer you to what has been said upon cancer and tubercle of the nervous centres.

The ages of the patients comprised in our four last cases, were as follows:—One was 16 years of age; one 17; one 51, and the last 57. This is the place to say a word on the

Transformation of a large Portion of the Brain into a kind of Stony Matter,

which has sometimes been observed in animals; a case of this kind was seen in a cow by M. THIOU of Orleans. Cysts of various kinds, containing different accidental productions, have also been discovered in the nervous centres. We may cite one in particular, which has been recorded by M. JOBERT; in this case the author found a cyst filled with a yellowish matter, occupying the left side of the mesocephale (pons). The cyst in its development had exercised considerable pressure on the origin of the 5th pair of nerves, and also implicated the 3rd, 4th, and 5th pairs. The neighbouring parts of the brain were also evidently compressed by the tumour. Here is a case that must have given rise to a variety of symptoms not alone depending on the presence of an accidental body in the pons, but infinitely more on the various parts of the nervous system that were implicated in the disease. Thus in the case just mentioned, the disease commenced with pains in the face, running along the nervous branches; this lesion finally terminated in destruction of the cutaneous sensibility of the face: other parts supplied by the fifth pair of nerves were also more or less affected. Thus the sense of taste was lost, and we might in fact describe with accuracy the history of the symptoms from the anatomical pathology of the lesion in the brain.

A Substance resembling in appearance Colesterine

has been found in some parts of the cerebro-spinal axis; in these cases the foreign body presents itself under the appearance of grains of pearls, and on chemical analysis is found to resemble closely the pearl in composition; there are four cases of this kind extant: in two the foreign production occupied the cerebral hemispheres; in one, published by M. RAYER, it was found in the pituitary body; in the fourth or last case, the accidental product was discovered in the substance of the pons varolii; we have nothing particular to say on the symptoms to which this morbid deposit gives rise. They are the same as for the other foreign bodies already noticed.

* We regret that M. Andral did not quote the sources whence he derived his other four cases. We may, however, indicate the following additional cases. In the cerebellum three cases; one by LIETAUD, "Hist. Anat. Med." l. 3, obs. 179; the other by LITTRE, in the Memoirs of the Academy, 1705, p. 55; the third is mentioned in ABERCROMBIE on "Diseases of the Brain," p. 426. One in the pons varolii, by METZGER, "Ob. Anat. Reg.," 1792, p. 3; and by HOME, *Philosophical Transactions*, 1814. And one in the cerebellum by HOOPER, "Morbid Anatomy of the Brain," p. 13.—*Rep. L.*

The last accidental productions we shall notice are

Entozoa, which have sometimes been found in the Nervous Centres.

They are of two kinds, the *acephalocyst* or headless hydatid; and the *cysticercus*, or bladder-tailed hydatid; the latter species, be it remarked, is always found in the convolutions of the hemispheres. We know of four cases of this kind, and in one only do we find any very remarkable lesion of the intellectual or motile powers. It was the case of an individual in whom mental alienation coincided with the presence of an hydatid in the brain. The ages of our four individuals are very various, and it is impossible to draw any conclusion upon this point. Some occurred in children; the rest in persons far advanced in life.

We have now terminated this grand division of diseases of the nervous centres, viz., diseases accompanied by an appreciable change of organic structure. In every other case if a lesion does exist, it escapes all our researches, and in the midst of the most profound and general functional derangements, we cannot discover the slightest modification of the normal structure of the brain or spinal marrow.

NORTH-LONDON HOSPITAL.

CLINICAL REMARKS

ON CASES OF

ERYSIPELAS, SECONDARY HEMORRHAGE, AND RECTO-VAGINAL FISTULA.

DELIVERED IN APRIL 1836.

BY MR. LISTON.

I THINK it as well to say nothing about the case in which the upper jaw was removed, at present, but rather wait a little, that you may see how the patient goes on. Not that I am in the least apprehensive of any unfavourable change taking place, but merely for your satisfaction. Many practitioners say that no good can be done by operating in the generality of cases of this description; but I am convinced that in many instances great good can be done, and when I speak of Ann Struther's case,* I will mention others in which the operation has been attended with permanent benefit. I shall now proceed to speak of a case of

Erysipelas occurring in the Upper Extremity,

in a man who was admitted on the 17th of December, in consequence of this disease following a slight wound of the thumb, which he received ten days before his admission. Leeches and poultices had been applied to the inflamed part before his admission, and several punctures had been made in it. On his admission, there was swelling and redness of the hand, extending as high up as the elbow. I did not consider the incisions which had been made, deep enough, I therefore made several others, deeper and more extensive, both in the hand and fore-arm. There was a free discharge of blood, serum, and ill-digested pus, and he was considerably relieved. The disease, however, did not abate rapidly, the swelling of the hand, particularly the ring-finger, seemed to increase; it became evident that the articulation between the first phalanx and the metacarpal bone was diseased, and I therefore determined on removing the finger, with a portion of the metacarpal bone, as no doubt the irritation was kept up by their presence. I shall not enter upon the treatment of erysipelas at present, my opinions on that subject you have heard before. It would seem, however, that no constitutional treatment will, in some advanced stages of the disease, do away with the necessity of puncturing or incising the inflamed part. If you neglect such a proceeding, destruction of the soft part takes place, and the bones themselves frequently become involved in the mischief. Since I last spoke on the subject of erysipelas, we have succeeded in subduing the action of the vascular system, without either the use of the lancet or tartarized antimony, by giving small doses of the aconitum napellus, and afterwards of belladonna. Two cases in which this treatment has been most successfully employed, have been accurately detailed in some late numbers of THE LANCET. You have no doubt read them, as well as watched the cases themselves in the hospital. The first case was that of a woman who the first time she was in the hospital was treated for erysipelas by antimony, punctures, and fomentations. It was some time before she recovered, and her convalescence was exceedingly tedious. In the second attack, after subduing the inflammatory fever in some measure by antimonials, we administered extract of belladonna in very minute doses, and in two or three days she was quite well. The second case was that of a woman who had been much subject to the affection, having had successive attacks of it at intervals, seldom recovering from them under a fortnight. Small doses of the aconite, followed by belladonna, were given her, and in the course of three days she also was convalescent. There has been another case lately here of a man who had small ulcerations of the leg from the toes up to the knee, aggravated by a scald, and who walked about until the leg became exceed-

* See Lancet, March 5 & 26, 1836, pp. 917 & 32.

ingly swollen and red. He suffered besides considerably from fever. In this state he was admitted. We subdued the fever, and then administered to him the extract of belladonna, and in twenty-four hours the disease had quite disappeared. Of course we cannot pretend to say positively in what way this effect is produced, but it seems almost to act by magic; however, so long as we benefit our patients by the treatment we pursue, we have no right to condemn the principles upon which this treatment is recommended and pursued. You know that this medicine is recommended by the homœopathists in this affection, because it produces on the skin a fiery eruption, or efflorescence, accompanied by inflammatory fever. "Similia similibus curentur," say they. They give, in cases where a good night's rest is required, those substances which generally in healthy subjects produce great restlessness, instead of exhibiting, as others do, those medicines termed sedatives. It is like driving out one devil, by sending in another. I believe in the homœopathic doctrines to a certain extent, but I cannot as yet, from inexperience on the subject, go the lengths its advocates would wish, in as far as regards the very minute doses of some of their medicines. The medicines in the above cases were certainly given in much smaller doses than have ever hitherto been prescribed. The beneficial effects, as you witnessed, are unquestionable. I have, however, seen similar good effects of the belladonna, prepared according to the Homœopathic Pharmacopœia, in a case of very severe erysipelas of the head and face, under the care of my friend Dr. QUIN. The inflammatory symptoms and local signs disappeared with very great rapidity. Without adopting the theory of this medical sect, you ought not to reject its doctrines without due examination and inquiry. We shall continue the employment of this plan of treatment in erysipelas, so long as we find it as successful as it has been; should it fail, on continued trial, of course we shall resort to other means in its stead. At the same time that I adopt this constitutional treatment, I should not think myself justified at present in neglecting auxiliary measures of a local kind. We must, in order to be successful, neglect nothing which is likely to be serviceable; in fact, we must meet this and many other affections, armed at all points.

To return to the case. I took this man's finger off, with a portion of its metacarpal bone, by the method which you lately saw practised on the dead body in the election of our house-surgeon Mr. HODGSON—not by the saw, or by the instrument invented by Mr. WARDROP, the half-headed trephine, for removing portions of the metacarpal bone. You find, by using the cutting plyers, as I did in the present case, that the bone is divided more smoothly and safely than by any other plan, and there need be no fear of any exfoliation taking place. I have used them hundreds of times, even dividing larger bones in children, without ever seeing any bad consequences result therefrom. You will always, of course, be careful to apply the smooth side of the forceps towards the body of the patient. Now the case we are considering did not go on so well as we could have wished it to do.

Hemorrhage,

it appeared, occurred several times, to such an extent, that when I saw the patient he had become exceedingly weak, and the blood so thin that it scarcely coagulated; it became necessary to put such a stop to the bleeding as would be effectual. Now, it would not have been proper to resort to such a step as tying the brachial artery, before you had tried other means; and pressure, even though applied at a late period, after inflammation and swelling have come on, and suppuration is established, is frequently found successful; compresses to the part had been applied, and uniform and pretty tight pressure made. This, however, did not answer the purpose. I have, in some instances of this kind, tried a trick, as it may be called, to hold on a ligature, by which the bleeding point is embraced. You are aware that after the cellular tissue is condensed, vessels do not retract readily, so as to close naturally, and it is impossible to draw them out so as to put on a ligature to keep its hold. I have repeatedly passed a tenaculum, small needle, or hook, across the part from which the blood has proceeded, and then cut across the instrument, leaving a small bit of the wire,—say one-eighth of an inch, along with the thread. I tried this, but none of the cutting forceps in the house were strong enough to cut the needle. Foiled in this, I carried the ligature round the vessel by means of a sharp needle, and tied it so as to arrest the flow thoroughly and permanently. The old gentleman is still weak, but he is improving rapidly. The ligature is off, and the wound is contracting fast. He will have a good and serviceable hand.

I must now put up a drawing of the female parts of generation, in order to illustrate the case of R. H., who has laboured for some time under a

Fistulous Opening between the Vagina and Rectum,

so large, that Mr. WALLIS could readily pass his little-finger from one canal to the other. As you may suppose, almost all the feces, flatus, and so forth, passed through this opening, and her life was indeed a wretched one. Openings of this description between the rectum and vagina, as in this case, and those between the vagina and bladder, are generally the result of neglect

in parturition, or tearing of the parts by the bad application of instruments. Now our patient has had no child, and acknowledged to some one yesterday, that the injury was produced at the time she lost her virginity. How this should have happened, I cannot pretend to say. She has been in this lamentable state for some time; escharotics and other various local applications had been made by the medical men whose care she had been under; these means were, however, of no avail. Now it is a most difficult matter to succeed in closing these openings. It is desirable for the surgeon to know at least how to relieve the sufferings by closing up false passages in this region; and the cases of this kind are not so very uncommon; I have had as many as four cases of vesico-vaginal fistula at one time under my care in the Edinburgh Hospital. There is no doubt, that if the case be at all favourable, it may be, through time, considerably relieved by the plan I pursued in this case. Having brought into view, then, and ascertained the size of, the opening, by the use of the speculum, the parts were cleared of discharge, and the finger being introduced into the bowel, protected by an old-fashioned instrument for fistula ani, a sort of gorget of horn, a sound, heated to whiteness was passed into the track so as to touch every part of its course. The contraction following this practice is much greater than any you can obtain by escharotics. You have it more in your power to limit the extent of the application, it being desirable merely to make the surface raw with as little loss of substance as possible. I am no advocate for the actual cautery, but in such cases as this, the application of a heated wire is less painful and more effectual by far, than any other means for a permanent cure. In order to favour the contraction of this false passage during the granulating process, to leave no excuse for any foreign matter passing into the vagina, the sphincter ani was divided freely on both sides, towards the tuberosity of the ischium. The profession is much indebted to Mr. COPELAND for the suggestion of dividing this muscle. It is a proceeding of very great use in a variety of cases, as I have again and again stated to you here. The paring of the edges of an opening through the parietes of the vagina into the bladder or rectum, or any attempt to bring about adhesion by the insertion of sutures, can scarcely be expected to answer any good purpose. Many circumstances are opposed to the adhesive process. The walls are thin; composed, in a great measure, of a tissue which does not readily furnish plastic secretion. Irritating fluids, which the cavities and canals contain, get insinuated betwixt the edges. The mere circumstance of the parts being kept moist, is enough to account for the failure of union; but as well as all this, the parts are in constant motion, and cannot by any means be put altogether at rest. To return to our case. Even now the opening is all but closed, an astringent injection, a decoction of valonia has been used, to moderate the discharges, and the consequence is, that neither feces nor flatus have passed through the opening, since a few days after the operation; in fact, the patient is nearly well. Now you must not be annoyed that you did not see this patient examined or operated upon. She had a very decided and natural objection to have more than one or two persons present; indeed had you been present, you would not have been able to understand the mode in which I proceeded, nearly so well as from the explanation I have given you on the plan of the parts. I shortly intend to make some observations on hydrocele; also on fractures, when I shall particularly allude to the case of disunited fracture, which is interesting in many respects; after that I shall say something respecting those tumours of the mouth and jaws, and endeavour to make you aware of the means of forming a correct diagnosis betwixt such as are tractable, and removable by operation, and those which, in their advanced stage, you had, both for the sake of humanity and your own reputation, better leave untouched.

[April 9. The patient with recto-vesical fistula is perfectly well; the opening having become totally and firmly closed, and the discharge having ceased.—REP. L.]

CASE OF

EMPYEMA,

IN WHICH THE OPERATION OF

PARACENTESIS THORACIS

WAS PERFORMED.

By J. W. MACNEE, *Esq., Surgeon, Glasgow.*

ON the 27th of February I was requested by a clergyman to visit Alexander Pottigrew, aged 16, residing at 47 Dale-street, Tradeston.

It appeared, that two years before, he had been attacked with inflammation in the chest. As far as I could now judge from a description of the symptoms, he had on that occasion been affected with pleuro-pneumonia of the left side. The pain is said to have been principally confined to one spot, and was of such an extent as could be covered with the hand. By the medical man who attended him at the time he was bled, blistered, and had taken the various internal remedies usually employed under such circumstances. The acute symptoms were by these means relieved, but his general

health continued indifferent. His appetite was deficient, and although so weak as to walk about with reluctance, he was under the necessity of returning to his employment in a printer's field, where he remained for some weeks, until his now rapidly declining health no longer permitted his continuance. From this period he fell off, and about twelve months ago occasional shiverings were experienced, accompanied with increase of the difficulty of breathing, and the left side of the thorax was shortly afterwards observed to be more prominent than the right. All these symptoms increased in severity, until about six months ago, when, after experiencing a violent paroxysm of dyspnœa, a large quantity of pus was discharged by the mouth. The immediate relief that followed was great, so far as respiration was concerned, and for a month afterwards the mother described him as expectorating a considerable quantity of purulent matter daily, amounting, she said, sometimes to nearly a pint. It has since decreased.

During his illness he has been seen by various medical men, but I visited him as a pauper patient for the first time to-day; his condition was then as follows:

I found him reclining on the left side, with an emaciated anxious expression of countenance, and unable, without experiencing a considerable aggravation of his cough, increase of dyspnœa, and expectoration, to turn to the right. The left side of the thorax was much enlarged, measuring from the spine to the sternum fully two inches more than the right; there was no œdema of the chest, face, or upper extremity.

On examination by the stethoscope no sound was detected over the entire left side, and so much distress was occasioned by any attempt at turning him, that the state of the posterior part of the chest could not at this time be ascertained. While making the attempt, however, two mouthfuls of pure pus were expectorated. The *tintement metallique* was imperceptible. Percussion at this time was dull throughout. As was to have been expected, respiration in the right lung was puerile, and at the upper portions bronchophonism was heard, but in no place was pectoriloquy detected. The heart was situated an inch and a half to the right of the sternum. On inspiration there was no movement whatever of the left side; the respirations were 36 per minute. Several members of the family had died of phthisis.

There were neither diarrhœa nor night sweats, and the evening exacerbation was but slight; but these were the only favourable features that the case presented. In every other respect it was most hopeless, and as it was evident that the patient, under the circumstances, could not survive many days, it was deemed proper to propose having recourse to the operation of paracentesis thoracis. However small our hopes of ultimate success might be, evidently his only chance of even temporary relief depended upon its being performed.

In the meantime he was ordered an occasional glass of port wine, with a cough mixture.

Feb. 28. My friends Messrs. Panton and Wort saw the patient with me to-day, and entirely concurred in the propriety of the operation. An incision was accordingly made between the sixth and seventh ribs, to the extent of two inches, and the cellular membrane and muscular fibres were divided. A canula was then introduced, and the cavity of the pleura penetrated by means of a trocar. Four quarts of pus of a healthy appearance were evacuated. Towards the conclusion, and when the matter no longer entirely filled the tube, during inspiration, a stream of air, sufficient to extinguish a candle, was emitted from the chest. It was not in the least degree filled. The lips of the wound were brought carefully together by means of a compress and bandage. He had an anodyne, and was desired to continue the wine. A tablespoonful of the following mixture was likewise given every third hour.

℞ *Sulphatis Quinini* gr. xxx.
Acid. Sulphur. Arom. ʒi.
Aquæ ʒvi. M.

At 10 in the evening he was found to have vomited the wine, which was therefore discontinued, and spirits substituted. He felt easy and comfortable, but complained, to use his own expression, of occasional "bocking." It seemed to be occasioned by a spasmodic action of the diaphragm. Had coughed none since the operation, and the pulse was 90.

Feb. 29. Had passed a good night, and been able to turn on his back and right side, which he had not done for months before. Has no cough, and even expresses an inclination for food, but the bocking continues. For this he was desired to take *three* drops of prussic acid. It did not return again.

Under this treatment and nourishing diet, he seemed for a time to improve. Till the 15th of March he could not be said to suffer from cough; his appetite was good, and even his appearance was more promising; but these favourable symptoms from this period speedily disappeared. He fell off, lost all inclination for food, and began to experience a return of cough and dyspnœa when he attempted to recline on the right side. The bowels continued regular, and there were neither rigors nor night sweats.

His condition appeared every day less favourable, and by the 23rd the difficulty of breathing had much increased. On a careful examination with the stethoscope, the

presence of both air and fluid was detected, but any attempt at relief by repeating the operation, not only from the rapid manner in which reaccumulation had taken place, but the now evident sinking of the patient, was deemed improper. The left side of the chest, which had visibly contracted for two weeks after the performance of the operation, now rapidly increased, and along with it a proportionate increase of the difficulty of breathing. He gradually sank, and died on the evening of the 25th.

Inspection.—On opening the chest a quantity of foul air escaped. The left cavity of the thorax was nearly full of matter. The quantity removed was estimated at two quarts and a half. The pleura throughout was covered with false membrane, two or three lines in thickness. The lung was compressed into about a tenth of its usual size, and was of a perfectly firm texture. It was bound down to the spine by firm adhesions. When cut into, it was found of a healthy appearance. No fistulous communication could be detected after the most careful examination. The heart was situated about an inch and a half to the right of the sternum. The pericardium externally was lined with a thick coating of lymph. The right lung was contracted by means of firm adhesions with the entire costal pleura. In its substance several small cavities were found, and tubercles in their various stages.

In this case, as well from the advanced stage of the disease in the left side of the chest, as from the tuberculous condition of the right lung, it was, of course, impossible to expect any thing but temporary relief from the operation. It was performed, indeed, rather to avert immediate suffocation, than with any hope of permanent benefit, but it shows in a very striking manner how nature will occasionally rally for a time, while suffering from the most extensive and complicated mass of disease.

Clyde-place, Glasgow, March 29, 1836.

QUACKERY.

INFLAMMATION OF THE BOWELS CAUSED BY MORISON'S PILLS.

To the Editor of THE LANCET.

SIR: The following case of poisoning by *Morison's Pills* I have just seen in a letter from the sufferer himself; and as its authenticity is undoubted, I think its publication in your excellent journal may be useful. Before copying it, I have an observation to offer on the abstract question of quackery, and its supposed influence on the *interests* of medical men. According to popular opinion, quackery is especially prejudicial to medical men; they are supposed to be more directly concerned in its suppression than their fellow citizens, and on this ground have been called upon by you, Sir, to form an Anti-Quackery Society. This opinion, founded on the circumstance that patients often resort to quacks instead of qualified persons, seems plausible, and at first sight true; but a little observation and reflection will convince any one, that although empirical remedies, indiscriminately taken, may afford occasional relief, they must, on the whole, increase the total quantity of severe sickness treated by medical men. They enfeeble the constitution, and convert slight disorders into diseases of structure. If the profits of the medical profession depend, then, on the average number of patients, quackery must augment those, in proportion as it multiplies these. It has been ascertained at some of the benefit societies, that about three or four in a hundred is the mean proportion constantly on the sick list; now let the members of six clubs take no quack medicines at all, and let the members of six others take them on every occasion, and there is not the least risk of error in affirming, that the state of the last would be the worst, and that instead of four, at least six or seven would require medical attendance. On this account I cannot help thinking it was your zeal for the public health, and for the good of the community generally, rather than any particular regard to our interests, that induced you to call upon the medical profession to oppose quackery; and I entirely agree with you that the opposition ought to originate with medical men, not because their interests are affected, but because they are best aware of the insidious evils of quackery, and are bound in duty to make them known to the Government and the country.

I do not know that any solid objection can be raised to the above statement, further than that violent nostrums diminish the *quantity of sick people*, by carrying off very rapidly those afflicted with organic diseases of the brain, the heart, the lungs, or intestines, while judicious treatment and regimen would protract their life for an indefinite time; and the force of this objection must be admitted.

I now come to the case, related in simple language by the patient himself, a very strong young handicraft workman in the country.

CASE.—"Last week I was at work at Mr. R——'s, of H——, and saying I had been rather poorly, he advised me to take *Morison's Pills*. So I began last Saturday, and have taken till now *six* or *seven* night and morning. They have operated very well *to seem to*. They have brought away a great deal of bile, and nasty mucous matter [which they formed], more than I should

have thought could have been in me; but they have made me feel very ill at present,—perhaps I shall be better shortly. I suppose there is no particular harm in them; some say *many have been poisoned by them—I thought at first they were poisoning me* [they were poisoning him]; but I hope when they have carried the morbid humour off—as their papers say—I shall perhaps be better. At present I am worse a good deal than I was before I took any. My head is heavy and aches, and a bad taste seems to come off my stomach, as though it came from a bed of worms. If you will be pleased to say whether there is any harm in them, &c. &c."—Friday, April 1, 1836.

Here is a strong young man, only slightly indisposed, perhaps from some slight excess, or sleeping in a close room, disabled by taking six of Morison's pills night and morning; his stomach, liver, and bowels, excessively irritated, the mucous glands inflamed and perhaps ulcerated, the whole system disordered and brought into the utmost peril. I have written, advising him to throw away the pills, and to call in a medical man, which will no doubt be done, instead of going on augmenting the dose, according to the fraudulent manslaughterer's "papers," till recovery is impossible.

Many thousand cases like this, occur every week in different parts of the kingdom; and I hope that medical men will take the trouble to publish them in the journals: as, in the first place, it is a solemn duty to enlighten the less-informed public, and in the second, an accurate detail of the symptoms induced by violent doses of purgatives will be useful and important in a toxicological point of view. A great many dogs, cats, and rabbits, have been destroyed to determine the action of poison; but medical men are evidently growing every day more repugnant to painful experiments on living creatures, and I am sure they will ere long feel reluctant to give arsenic, prussic acid, or other poisons, to dogs, although they soon take away life, and do not cause protracted suffering. Even at present, notwithstanding the interest such an experiment offers, no one would destroy a dog, or a horse, with purgative resins, such as *Morison's pills*, so that their action must remain unexplored, unless we take advantage of the present occasion, and turn to the good of science the painful and fatal experiments the public are making on their own bodies. Where death ensues, the anatomical changes of the organs should be carefully described, as well as the symptoms during life; so that when two or three hundred cases are collected, the ulcerations of the glands, the softenings of the mucous membranes, and other morbid states, may be counted and compared according to the numerical method. I am afraid that more than experiments enough will be performed before the people cease from their folly, or the Legislature interferes. I remain, &c.,

WILLIAM FARR.

Grafton-street, Fitzroy-square,
April 5, 1836.

MEDICAL RELIEF
IN
THE MINING DISTRICTS.

To the Editor of THE LANCET.

SIR: It may not be uninteresting to the profession or to yourself to be informed of the kind of self-supporting dispensaries which have been long established in the Cornish mines, especially as such institutions, in other parts of the kingdom, may be considered to be novelties.

On the monthly pay-day of the miners a portion of their earnings is kept back by an agent for the mine, for the payment of a surgeon and the support of a club,—a species of benefit society. If the surgeon be expected to attend the miner only in case of accident received in the mine, the sum withheld is threepence per month for each man;—if it be determined that the surgeon shall also attend in cases of sickness from whatever cause arising, he then receives sixpence per month for each individual. The club is supported by the same amount of payment as the remuneration of the surgeon, with some slight variation, perhaps, in different mines, and the sick and maimed receive pay from it so long as they are unable to maintain themselves, and the mine to which they had belonged continues to be prosecuted. If, according to the regulation agreed on at the mine, the miner had paid threepence per month, he is entitled to relief only in cases of injury received on the mine, but if the amount had been double that sum, he also receives pay in cases of fever, &c.

From the above statement it is evident that the miner himself pays the surgeon, and that the proprietors of mines are at no expense whatever in the medical attendance on the labourers.

It is clear that such institutions are not on the same footing as hospitals, and that the patients are not objects of charity, to whom medical assistance is gratuitously afforded; yet, strange to say, the miner is allowed no choice of the surgeon whom he is obliged to pay. The majority of the labourers have no more power to appoint their own surgeon than to elect a sheriff for the county. Just as marriages are said to be "made in heaven," so, many appointments of surgeons to mines are made in London, on the representation of a single

individual, perhaps; and, without being ignorant of the dreadful accidents which occur in mines, the committee of a mining company care not if they thrust on the sufferers a medical man whom they dislike in health, and fear in disease.

The remedy for all this grievance is most easy. As soon as a man engages to work in a mine, his pay for surgical attendance immediately begins, whether a surgeon has been specially appointed to the mine or not, and provided no surgeon has been fixed on, why should not the men, thus entitled, on a certain day, choose their own surgeon? And in case of complaint lodged and proved against a surgeon, why should not his actual employers have the power to remove him? And why should the miners, at the wish of the proprietors, be obliged to discard the gentleman who has given them satisfaction as a medical man, to make room for a person unknown to them, or to whom they feel averse? This comes not from one who has any personal motive to abolish the old system. On the contrary, a new mode of election might possibly turn to his disadvantage, since private interest would no longer serve him. Yet, come what will, while the course of justice suffers no interruption, it shall bring no discomfort to, Sir, your obedient servant,

A Cornish Mine-Surgeon, M.R.C.S.
April 2, 1836.

ACCOUNT OF THE

MOST INTERESTING CASES

OBSERVED AT THE

MIDWIFERY INSTITUTION OF VIENNA,

From November 1831, to December 1834.

We present to our readers an analysis of a most valuable document from the pen of Dr. Klein, professor of midwifery at the University of Vienna, contained in one of the last published numbers of the *Medicinische Jahebücher*, the German medical journal noticed in our last number at p. 76.

The three most remarkable institutions in Europe for the delivery of pregnant women, are unquestionably those of Vienna, Paris, and Dublin.

The opportunities of observation in each are of the most extensive kind, yet since the death of Madame Lachapelle, *La Maternité* has produced little or nothing of interest, and unless the present master of the *Dublin Hospital* shakes off the apathy which descends as an hereditary boon from professor to professor, the institution of Rutland Square will remain as it has done for the last twenty years, useful to a few pupils, but a sealed volume for the profession at large. It is not so with the hospital at Vienna. Every two or three years the professor of midwifery is in the habit of publishing a compte-rendu of the most interesting cases &c. It is the last of these which we propose to notice, as giving a pretty correct view of the actual state of midwifery in the Austrian states.

During the course of the years 1832-33, the number of women delivered was 6673; of these, 139 were premature; 64 double births; and 2 triple births. There were 60 positions of the face; 126 of the buttocks, and 48 of the feet. The number of children born was 6741; of these, 260 were born dead, and 478 died within the first few days; thus at the termination of the first week, nearly one-eighth of the infants born, had ceased to exist.

The greater number of the women were delivered without any other assistance than what is absolutely necessary under the circumstances in which lying-in women are placed; nature was allowed to work her own way, and in most cases the result was fortunate. It is a fundamental principle of the Vienna school of midwifery, to avoid as much as possible the use of instrumental means, and to leave the case to nature whenever it is possible; thus in 2034 cases, the late Professor Boer only used the forceps fifteen times, and the same cautious method seems to guide his successor. Cases are left unassisted, where, in this country, or even in France, the accoucheur would not hesitate to apply manual aid at once, and thus terminate the labour. Thus, amongst the sixty face presentations above mentioned, six terminated, without assistance, in the usual manner of face cases, although from the commencement of labour, the head was placed obliquely, and nothing could be felt at the inlet of the pelvis, except the chin and mouth, while the other parts of the face lay obliquely, on one or other side. Amongst the breech-presentation cases, twelve occurred in which the umbilical chord prolapsed, and was returned. In thirty-two cases of breech presentations, the weakened pulsation of the chord rendered it necessary to assist the expulsion of the head by manual aid. The breech presentations were, as we have

said, 126; of these, 25 were born dead, 101 alive; but of the former several were dead before birth; of the 48 foot presentations, there were only nine cases where manual assistance became necessary.

The preternatural labours, or those in which delivery was very difficult, and where nature could not be allowed to act alone, without the life of the mother and her child being endangered, were 189. The preternatural labours may be arranged under the following classes:—

(*a*) Forty-eight required the operation of turning; 15 for transverse positions, 8 died, 7 living. 2 for laceration of the uterus, 1 died, 1 living; 14 for dangerous hemorrhage, 6 living, 8 dead; 17 for presentation of the shoulder; 11 the left, 6 the right shoulder; 11 living, 6 dead.

(*b*) The forceps was employed in 128 cases; 76 head presentations, with disproportion between the cranium and pelvis: the conjugate diameter being only 3¼ to 3¾ inches; 18 dead, 58 living. In 40 cases the application of the forceps was rendered necessary from the great exhaustion of the women, in 3 cases by convulsions; deaths 7, living 36; in 9 cases of head presentations, where the head remained immoveable for a long time without its cause being discovered, 5 living, 3 apparently dead, 1 dead.

(*c*) Perforation of the head in twelve cases, after unequivocal proof of the child's death; the conjugate diameter varied from 2¼ to 3¼ inches.

(*d*) The Cæsarean operation was performed on a woman dying of hydrothorax; the child was extracted dead, and the woman died immediately afterwards.

Cases attended with dangerous symptoms for the mother or child, occurred 221.

(*a*) Forty-two cases of prolapsus of the chord. Twenty-nine with prolapsus of the chord at the side of the head. In ten of these cases the chord was replaced; seven children saved, three lost. In the latter all pulsation had ceased in the vessels of the chord before it was returned.

In two cases, where the pulsation of the chord was very feeble, the forceps was applied, and one child extracted living, the other dead. The remaining seventeen cases were left to nature, either because the labour proceeded rapidly with strong pulsation in the vessels of the chord; or because the latter ceased to pulsate immediately after its descent; or from impossibility of returning it and changing the position of the child; or from the great quantity of the chord which presented. Besides these cases, prolapsus of the chord occurred twice with breech presentation, eight times with foot presentation, once with the right shoulder, and twice with the arm. In all the breech presentations, the obstruction to the circulation in the chord made it necessary to extract the child by the feet, but only one child was saved.

In the cases of prolapsus with the feet, delivery was also hastened, and the head once extracted, with the forceps; six living; two dead. In prolapsus with a transverse presentation, the child was always turned; but all the cases terminated fatally.

(*b*) Labours attended with hemorrhage, 97: six from insertion of the placenta into the os uteri; twenty-seven from the early separation of the placenta; sixty-four after delivery. In two cases of placenta prævia with violent hemorrhage, the os uteri was dilated, the child turned and extracted by the feet; both were born dead. In the four other cases, where the placenta was only partially inserted into the os uteri, immediately on the membranes being ruptured the bleeding was arrested by the pressure of the head, and delivery took place without accident, under the efforts of nature. When the hemorrhage arose, in the second period of labour, from too early separation of the placenta, it was arrested in five cases by rupturing the membranes, and delivery terminated fortunately, without any further aid. However, in seven other cases, where the bleeding still continued, and in five cases of internal hemorrhage, the child was turned and extracted by the feet. Of the hemorrhage which took place after delivery, forty-three were external, twenty-one either internal or mixed. In all these cases the uterus was in a greater or less state of atony. In external flooding, the first thing done was to apply frictions to the abdomen; if these failed, cold applications were immediately had recourse to, and the woman took at the same time frequent doses of tinct. canellæ; if these failed, the placenta was detached artificially, and in most cases the hemorrhage was thus arrested. If, however, the bleeding still continued, though in lesser quantity, the above-mentioned remedies were repeated, cold fluid was thrown into the uterus, and ipecacuanha given internally in small doses.

In cases of internal hemorrhage, the clots &c. were removed from the os uteri, the placenta extracted, and the case then treated as one of external bleeding.

(*c*) Seven labours were complicated with *convulsions*. In four cases where the women had been attacked with convulsive fits several times before the commencement of labour, a judicious employment of the usual remedies prevented this accident from having any influence on the march of labour, which nature terminated in a fortunate manner. In three cases, where the convulsions came on for the first time while the head was deeply lodged in the pelvis, it became necessary to deliver the woman by the

forceps. In the whole seven cases three children were born dead and four alive.

(*d*) *Laceration of the uterus* was observed in two cases only. In one case the patient had been brought to the clinique with laceration of the uterus, produced during various efforts to deliver her at home: a dead child was extracted by turning. The subject of the second case was a female who had been weakly during the whole period of her pregnancy. The proportion between the child's head and the pelvis seemed natural. However, nearly at the commencement of the labour, which had not lasted more than six hours, she experienced a violent pain in the region of the os pubis. As the labour advanced, this pain became more and more intense, the head was suddenly arrested at the inlet of the pelvis, and symptoms of rupture of the uterus set in. The child was turned and extracted alive. Both mothers fell victims to the accident.

(*e*) *Retention of the placenta* occurred in seventy-three cases, and in thirty-one of these the accident depended on the absence of well-pronounced after-pains. In all these cases the employment of external and internal remedies was sufficient to awaken the after-pains, and when hemorrhage coexisted, it was treated on the principles already noticed. In twenty-four cases the contraction of the uterus was normal, and the retention of the placenta seemed to depend on its too close adhesion to the parietes of the uterus. Most of these cases were observed where delivery took place before term; as long as no symptoms of irritation of the uterus or hemorrhage appeared, the expulsion of the placenta was left to nature, which effected it. In ten cases only was it necessary to remove the placenta artificially, on account of the hemorrhage which set in. In eighteen cases spasmodic, partial, irregular, and very painful contractions of the uterus were the cause of retention of the placenta.

The treatment was varied according to the intensity of the spasm, the form which the uterus assumed, and the hemorrhage attending it. When the spasm was moderate, and the spherical form of the organ but little altered, antispasmodic remedies, after moderate bleeding, were usefully employed. In spasm of a more severe nature, accompanied by relaxation of the rest of the uterus, evident change in its form, and hemorrhage, the ordinary antispasmodic remedies were of no avail, and it was necessary to introduce the hand into the uterus, dilate the strictured part, and separate the placenta. In cases where the whole uterus was seized with spasm, assumed an oblong form, and was so elevated that the os uteri could scarcely be reached, while little flooding took place, a normal condition of the uterus, giving rise to expulsion of the placenta, was produced by frictions over the fundus uteri, and the internal use of antispasmodics; the case was then left to nature; warm aromatic fomentations to the abdomen were extremely efficacious; next to them small doses of ipecacuanha, with or without opium, the tinct. castor; spiritus c. c. succinatus; the rad. valerian; flor. cham. The latter in lavements, with opium or tinct. cast.

The organic malformations amongst the new-born children were very few. Passing over the slight diseases, we find

(*a*) *Trismus neonatorum*.—This was observed, in several cases, developed under causes that escaped detection, and was generally fatal.

(*b*) *Skin-bound* occurred seldom; only in immature and weakly children; mostly fatal.

(*c*) *Sanguineous tumour* of the scalp was often seen in cases where the labour had been very easy. When extensive, the tumour was opened, and healed generally by adhesion; the smaller tumours were absorbed under warm aromatic fomentations.

(*d*) *Ophthalmia neonatorum*, and especially blennorrhœal ophthalmia, was frequently observed. In severe cases frequent bleedings by leeches; in lighter ones, cold applications effected a cure. In the second stage, a mucilaginous, gently astringent, wash was found useful.

As to the form, character, and progress, of puerperal diseases, the following particularities were remarked:—

In several cases, about the third or fourth day after delivery, after a longer or shorter rigor, the women complained of pain in the hypogastrium, which soon spread over the abdomen, and became very acute; the rigor was followed by heat, thirst, headache, symptoms of plethora, quick and hard pulse; as yet there was no change in the milk or lochia. In several fortunate cases, the disease gave way to proper treatment in one or two days; in other cases, however, it persisted; the lochia and milk now became altered; the fever and abdominal pain became greatly aggravated; the abdomen was tympanitic. A few of these cases yielded to powerful antiphlogistic remedies, but the rest terminated rapidly in death, with vomiting and diarrhœa, high fever; small and quick pulse, delirium, and cold extremities. The formation of an effusion into the abdominal cavity was not always preceded by the high degree of fever; in many cases, effusion took place with very moderate fever, and slight symptoms of inflammation of the peritoneum. When the cavities of the chest or head were examined, effusion was found in these cavities; very seldom, however, in the cavity of the ventricles, as the disease terminated in another way before it could arrive at this period.

In several cases, the formation of mucopurulent matter seemed to be the effect of a

chronic rather than of an acute inflammation; the abdomen became tumid, the pain disappeared, but the lochia and milk were much altered; the respiration became difficult, the uterus, when examined, seemed somewhat developed, relaxed, and not painful, when pressed or touched; an obstinate diarrhœa now set in; the pulse became soft, small, and quick; the skin and tongue dry; the former very warm; the eye dull; the sleep uneasy and broken. After a short time the abdomen again became the seat of acute pain, vomiting and diarrhœa set in, and the patient sunk into delirium, torpor, and death. Sometimes, however, even after effusion had taken place, the disease terminated in a perfect recovery; here the pain in the abdomen or chest soon gave way, and the fever fell in proportion; the patient enjoyed a quiet sleep; the secretion of milk, and the lochia, returned to their normal state, and the effusion terminated like a simple ascites or hydrothorax; perforation of the chest or abdomen was not found necessary in a single case. The most efficacious remedies in this stage were cremor. tart.; tartar. emet.; nitrum; digitalis; oxymel scill. On examining the bodies of those who died, a quantity of coagulated, yellow-white, turbid fluid, was found in the cavity of the abdomen. In some cases the intestines were united together by coagulable lymph. The uterus, and other organs contained in the cavity of the abdomen, were generally covered with a thick layer of coagulable lymph; the uterus was developed, injected, and thickened; the external surface of the ligamenta lata, the fallopian tubes, the ovaries, were often red, injected, and enclosed, in a layer of coagulable lymph, or containing this substance. In the cases where the symptoms were more slow, besides the above appearances, the uterus was found very much injected, soft, and enlarged, with several abscesses in its substance.

In other women, about the third or fourth day after delivery, the hypogastric region became the seat of a pain which, together with the fever accompanying it, was mild in the beginning, and never reached any great degree of severity. On examining the abdomen, the hypogastric region, and especially the uterus, were found painful, the latter hard and contracted, the rest of the belly soft and indolent; the milk and lochia were in these cases very little altered; the fever was preceded by very slight rigor, and the heat of skin &c. was moderate. After a few days the pain subsided, and the fever often now assumed a nervous character, the pulse became softer, smaller, and more frequent; the skin assumed a yellowish tint; the patient complained of uneasiness in the head; the abdomen became tumid and tympanitic; the hypogastrium and uterus were perfectly free from pain on pressure; the lochia now took on a bad appearance, diarrhœa set in, and the patient sank in a muttering delirium. After death the lungs were found highly congested (an appearance peculiar to this form of puerperal fever), and in certain places as it were hepatized; the liver and vessels of the vena portæ were equally turgid. In the abdomen little or no effusion; the surface of the intestines moderately injected; the uterus developed; its appendages enveloped with lymph. On opening this organ, the point of attachment of the placenta was covered with flocci of the decidua, and pus was effused into the muscular substance near this point. In all other parts there was but little trace of pus; the substance of the uterus in general was soft, its parietes thickened, and its cavity enlarged.

In cases where delivery was retarded by absence of proper contraction of the uterus, and was followed by severe flooding, the professor often observed, shortly after the child's birth, an unusual degree of weakness, with broken unrefreshing sleep, a dull expression of countenance, a soft lax skin, an earthy tint of the face; pulse soft, not accelerated, sometimes even slow; the uterus not perfectly contracted, soft and free from pain; the lochia abundant, now and then replaced by some flooding; the mammæ soft, and containing but little milk. In the course of this state, fever set in sooner or later. At first it was slightly inflammatory, and the uterus more or less painful; the lochia watery and scanty. These symptoms did not continue for any length of time; the uterus lost its sensibility, or pain was only excited by very strong pressure: the uterus again became soft, relaxed, and developed; the lochia again flowed in increased quantity, and were now of a bad appearance, somewhat purulent; the milk ceased to be secreted, and the fever assumed a nervo-adynamic character. Under these circumstances, the patient's strength gradually gave way, and death ensued. The uterus was found enlarged, thickened, softened, and spongy; its cavity enlarged, and its parietes thick and tender; the internal surface of a dirty ash-gray colour, which penetrated more or less deeply into its substance; the lining membrane also soft. In cases where more inflammatory symptoms manifested themselves during life, an effusion of pus was generally found in the substance of the uterus.

Just as we had concluded the above notice, we received the first number of the 10th volume of the *Med. Vahrbücher*, which contains the report for the year 1834, by Dr. F. Bartsch.* On joining the report to the former, we obtain a statistic of no less than

* Of the second midwifery institution.

8891 cases, which cannot fail to furnish interesting results.

The secondary midwifery institution was opened on the 15th of October 1833; from that time up to the end of December 1834, the number of pregnant women received was 2218. The number of children born alive was 2030. Of children born dead, 109; 61 boys, 41 girls.

The great majority of the cases were head presentations in the first position; there were only twelve exceptions, in which the forehead lay exactly behind the symphysis pubis; six of these terminated without any aid. In five it became necessary to watch the female with some care, as she was pregnant for the first time. In one only was the forceps employed.

Face presentations, 15 cases. All these were left to nature; 13 children were born living, 2 dead, and with traces of commencing putrefaction.

Foot presentations, 8 cases; breech cases 34. In most of these cases it was thought advisable to aid the delivery of the head and remove pressure on the navel string, by placing a finger in the mouth, and in eight cases by the forceps; 31 children were born alive, 11 dead; but of the latter, five bore all the marks of putrefaction.

Twin cases occurred in 22 instances. In eleven cases there was presentation of both; of head in 2; the first a breech, the second a foot; in two, the first child presented a breech, the second a head; in two, the first a head, the second the breech; in two cases, the first a head, the second a foot; in one case, the first child a foot, the second a head. Finally, in one case, both children lay across the uterus, and in one, the first child presented the left shoulder; the second the head. The greater part of these cases occurred some time before term, between the 6th and 8th case. The children were either born dead, or died in a few days after birth; a very few were strong and healthy. Four women were seized with violent flooding after delivery, and one of these died of puerperal fever.

Prolapsus of the Chord occurred with presentation of the head, in *eleven* cases. In *four* the labour proceeded so rapidly under the natural efforts, that delivery took place without any injury happening to the child. In *three* cases the chord was replaced with the hand, and the children born alive in a few hours. The forceps were employed in *two* cases to hasten delivery. Finally, in *two* cases the prolapsus of the chord had taken place several hours before the patient's arrival at the hospital; it was cold, and pulsated feebly; the os uteri was but slightly dilated. Hence no assistance could be given; the cases were left to nature, and in a few hours the children were born dead.

In several cases of presentation of the head the chord was wound round the neck, but in no instance was this accompanied with any danger for the child, nor did it require any particular interference.

The shortest chord observed was eight inches; no accident attended this circumstance. In *three* cases true knots were observed in the chord, two children were born living, the third died during delivery, although the labour was perfectly normal.

Abortion and premature delivery occurred in 67 cases. 1 in the second month; 2 in the third; 3 in the fourth; 6 in the fifth; 15 in the sixth; 22 in the seventh; 18 in the eighth month. The exciting cause of abortion was either mechanical injury, depressing moral affections, or some disease intervening on pregnancy, as phthisis, syphilis, variola, &c., and in three cases from placenta previa. But few of these cases were attended by flooding; the children were partly born dead, partly died soon after birth; several of the women were attacked by puerperal fever.

Oblique position of the child occurred in 15 cases.

1st Case. This was a case of twins complicated with flooding. After the birth of the first child, the fingers of the left hand of the second child were felt through the membranes. At the same instant severe flooding set in, and the membranes were immediately ruptured. The child, who lay with the left side forwards, was turned and extracted alive; the two placentæ were expelled without any aid, and the hemorrhage soon subsided after the administration of a few doses of *Tinct. Cinnam.*, and frictions on the abdomen. The woman lost about three pounds of blood.

2nd Case. This case occurred in a first-child labour. On the patient's arrival at the hospital the os uteri was found dilated two inches; the waters had been discharged for several hours. The child presented the left arm and shoulder; turning; child born dead, with signs of putrefaction. The mother was quite recovered in twelve days.

3rd Case. This case occurred in a woman who had been very sickly for the latter months. On her arrival, the left arm and chord were felt presenting through the membranes; the labour-pains were moderately strong, and the os uteri fully two inches dilated and supple. The position of the child was changed to that of the head without any difficulty, and in a few hours a full-grown healthy child was born without any further aid. The mother, however, soon died of puerperal fever.

4th Case. This occurred in a primiparous female. Left arm and shoulder presentation; os uteri sufficiently dilated; the

membranes whole; the attempt to bring down the head failing, the child was turned by the feet; the absence of sufficient contraction made the use of the forceps necessary; child born alive.

5th Case. Right arm and shoulder presentation in a primiparous woman; the position was changed to one with the head forwards, a manœuvre much favoured by the integrity of the membranes, the dilatibility of the generative organs, and the docility of the patient. Both mother and child survived without the least accident.

6th Case. The child, full-grown, presented both arms and the anterior region of the thorax; the chord had prolapsed, and was pulseless. The attempt at turning by the feet was accompanied by a good deal of difficulty, from the restlessness of the woman, the irregular labour-pains, and the waters having been discharged six hours previously. The child was extracted dead, but the mother recovered perfectly in twelve days.

7th Case. In a primiparous female, waters discharged twenty-four hours before her arrival at the hospital; left shoulder presenting, with the arm, and chord already expelled from the uterus; turning by the feet; child born dead; mother well in fourteen days.

8th Case. In a female, thirty-six years of age, who had been anasarcous for several weeks; presentation of the right shoulder; membranes entire; os uteri dilated to three fingers' breadth; turning by the feet; child born dead; mother well.

9th Case. Left shoulder and arm presenting; woman brought to the hospital two hours after the rupture of the membranes; the pains were strong, and rendered the act of turning by the feet very difficult; child born dead; mother attacked by puerperal fever, but recovered.

10th Case. A woman was brought to the hospital in severe labour-pains; the os uteri not dilated; the membranes ruptured. While the woman was being placed on the bed, the left arm projected with the chord, which pulsated strongly; the arm and chord were immediately returned, and the position changed to one with the head; in three hours a dead child was born in the common occipital presentation.

11th Case. A feeble woman was received into the hospital before the rupture of the membranes. On examining her externally, the existence of twins was discovered; the toucher showed an oblique presentation of the first child. On the discharge of the waters he was turned by the feet, and the head extracted with the forceps, as the uterus did not act; it was necessary to turn and extract the second child also; both dead; severe flooding set in after the separation of the placenta; the woman was then attacked by puerperal fever, and escaped with difficulty after a long illness.

12th Case. A healthy young primiparous female, who came on foot to the hospital in the night; os uteri dilated fully; the membranes relaxed, but no part of the child to be felt. On the rupture of the membranes the right arm presented, and was immediately returned; the position was then changed to a head one, and the child was born, in two hours, in the first position. Mother and child perfectly well.

13th Case, in a female who did not come to the hospital until seven hours after the discharge of the waters. The right hand and the pulseless chord lay in the vagina. Child turned by the feet, and extracted dead.

14th Case. Transverse position of the child; turning by the feet; absence of uterine contractions rendered it necessary to rub the abdomen with the hand, and stimulant lotions. The chord was wound several times round the child's neck; and though he was born in a state of asphyxia, life was restored by the usual means. Both mother and child left the hospital in ten days.

15th Case. A woman thirty-four years of age, who had suffered for some time from chronic bronchitis, near the end of her pregnancy, observed that the waters suddenly came away during a bodily effort; three days later, labour-pains set in, and a midwife was sent for, who continued her attendance for four days, when the right hand of a full-grown child projected beyond the external parts of generation. Various efforts were now made by two skilful accoucheurs during the whole day, to turn the child, but without success; and on the eighth day after the rupture of the membranes, the woman was brought to the hospital. She was now in a very weak state; the abdomen painful upon pressure; the uterus firmly contracted round the child; the external parts of generation swollen; the hand of the child also excessively swollen and discoloured. A cautious attempt was made to introduce the hand into the uterus, but the shoulder had descended too low into the pelvis. Emollient fomentations and injections, the warm-bath, &c., were administered, and a second attempt was made, but equally without success. The danger of lacerating the uterus was imminent, and it was resolved to dismember the infant. During the operation, which lasted half an hour, the patient remained very quiet, and complained but little of pain. The child's head was enlarged by hydrocephalus, and the infant itself quite putrid; the placenta was expelled by the efforts of the uterus without any aid. Soon after delivery, the mother was seized with symptoms of puerperal fever, and died in four days. After death, purulent deposits were found in both lungs: the abdomen contained a quantity of bad-smelling exudation mixed with flocci of lymph. The uterus

was large and soft, and the uterine veins filled with pus. The conjugate diameter of the pelvis measured only 3¼ inches.

Abnormal pains and retarded delivery, from weak or spasmodic contractions, were frequently observed. In most of these cases, the ordinary means employed were sufficient to excite regular contraction of the uterus, and the labour went on naturally. In *six cases* only was it thought advisable to employ the forceps; in four of these latter six, the best results followed their use; in the two other cases (of primiparous women) the children were born dead; one mother died of puerperal fever, the other recovered from the same disease after a long illness.

Difficult Labour from disproportion between the Child's Head and the Pelvis. Eight Cases. Head presentations.

In the 1st, the conjugate diameter did not exceed 3½ inches; the child was at term, and in the third position. Fourteen hours after the discharge of the waters, the forceps were applied; the child was born in a state of asphyxia, and died in six hours; the mother was attacked with inflammation of the uterus, but recovered in fourteen days.

2nd Case, in a primiparous female. Pelvis well formed; child's head enlarged by hydrocephalus. Delivery took place without any aid, under strong contraction of the uterus: the child born dead. The mother fell a victim to puerperal fever.

3rd Case, also in a primiparous female. The transverse diameter half an inch less than it should be; forceps employed; child extracted alive; mother attacked by metritis, but recovered.

4th Case. Conjugate diameter of the inlet 3¼ inches. The child's head, with the face turned towards the symphysis pubis; labour-pains, but not sufficient to terminate the labour. Forceps employed twelve hours after the rupture of the membranes, and child extracted alive; mother recovered from inflammation of the uterus.

5th Case, in a primiparous female. Conjugate diameter of inlet 3¼ inches. Child born alive, and without aid, twelve hours after the rupture of the membranes, but died at once. Woman met with no accident.

6th Case. Ditto: conjugate diameter of inlet 3¼ inches; forceps employed. Child born dead; mother well.

7th Case. Ditto; conjugate diameter of inlet diminished ¼ inch; forceps; child born alive, and mother well.

8th Case. Woman primiparous; 20 years of age; rickety. Conjugate diameter of inlet only three inches; perforation of the child's head; extraction with great difficulty. Woman went on well for eight days, when suddenly seized with an asthmatic attack, and died. Both cavities of the pleura filled with clear fluid; no trace of inflammation; all other organs healthy.

Hemorrhage during or after labour was observed in forty-eight cases. In *three* cases of women arrived at the seventh to eighth month, the hemorrhage arose from *placenta prævia*. The placenta was implanted nearly over the centre of the os uteri; the flooding violent; two women were brought to the hospital pulseless, and nearly dead. In the three cases the children were immediately turned and extracted dead. One of the women sank under the effects of the loss of blood, the two others from puerperal fever. In *one* case the flooding set in during the second period of labour; it was arrested by rupturing the membranes. In *two* cases, during the third period, one of these was a female affected with putrid small-pox; the child was extracted with the forceps and survived, but the hemorrhage continued in spite of all means, and the mother died an hour after delivery. In the second case, also, the forceps was employed with success for the mother; the child born dead. In *five* cases the flooding commenced at the fifth period of labour, and depended on retention of the placenta, which was abnormally united to the uterus; the placenta was extracted by manual aid; three women died of puerperal fever, the other two recovered. The remaining thirty-seven cases, after expulsion of the placenta, were successfully treated by the ordinary means; thirty-three women recovered perfectly; three died of puerperal fever, with inflammation and suppuration of the uterine veins; one of putrid fever.

Convulsions occurred during labour in three cases. They were severe, resisted all medical treatment, and rendered it necessary to hasten delivery. In one case this was done by extracting twins, and then removing the placenta on account of hemorrhage; both children were born dead, and the mother perished in convulsions twelve hours afterwards. In the second case the child was delivered by the forceps; the convulsions did not return, and the woman recovered, but the child was born dead. In the third case the child was extracted dead with the forceps; six hours after, the mother died under a severe attack.

In the whole, the number of capital obstetric operations performed was 57. Of these, thirteen caused the death of the patient; in forty-four the women survived. The operations may be distinguished as follows:—

1st. *Turning.* — (*a*) By the feet, from oblique presentation, eleven cases,—three children living, eight deaths; women recovered. From placenta previa, three cases, children dead, mothers dead also. Convul-

sions, one case; mother and child dead. (*b*) Turning by the head four cases, three living, one child dead; mothers, three living, one dead.

2nd. *Forceps.*—In instances where the head was delivered last, eleven cases—nine living, two dead children; all the women recovered. In presentation of the head, for absence of uterine contraction, six cases; four living, two dead; of the mothers, five lived, one died. For disproportion between the fœtus and the mother, five cases, four living, one dead; mothers all well. For prolapsus of the chord, two cases: both mother and child well. For puerperal convulsions, two cases, children dead; one mother dead, the other alive. For flooding two cases, one child living, the other dead; women, one living, the second dead.

3rd. *Prolapsed chord* returned; three cases, all well.

4th. *Perforation*, one case; mother dead.

5th. *Embryotomy*, one case, mother dead.

6th. *Artificial extraction of the placenta* five cases; two mothers alive, three dead.

The number of women attacked with different diseases, and treated, was 511; of these, 304 were cured, 158 died, and 49 remained uncured. The diseases which presented themselves were as follows:—

Metritis	91
Peritonitis	18
Cystitis	1
Pneumonia	1
Inflammatio mammæ	3
Febris Catarrhosa	13
Febris rheumatica	25
Febris gastrica	25

All these cured.

Febris nervosa, 38; 16 cured, 22 dead.
Febris putrida, 11; all dead.
Febris puerperalis, 175; cured 66, died 107.

Transferred to the Surgical wards	2
Flooding during labour	8
Epistaxis, profuse	1
Hæmoptoe	2

All cured.

Ecstasis, 5; 4 cured, 1 died.
Erysipelas, 9; cured.
Measles, 1; died.
Variole, 23; of these 21 transferred, and 2 died.
Chronic cough and phthisis, 28; 10 cured, 10 uncured, 8 died.
Convulsions, 5; 2 died, 3 cured.
Syphilis, 16; transferred.
Dropsy, 9; 7 cured, 2 died.

The cases of puerperal fever occurred seldom under the form of puerperal peritonitis; but generally, as in inflammation of the uterine veins, giving rise to the production of pus in these vessels and the general symptoms accompanying its absorption. As to the *causes* under which uterine phlebitis was developed, we find it occurring most frequently

1st. In women who approached the critical age of life, especially if they were primiparous.

2nd. In women affected with varicose tumours of the thigh and external genital organs.

3rd. In females who during pregnancy were submitted to the influence of depressing passions, fear of exposure, jealousy, sorrow, &c.

4th. In individuals who, from the symptoms they presented, had probably frequently employed abortive remedies.

5th. From mechanical injury of the uterus during pregnancy, especially if it were followed by abortion.

6th. In females subject to chronic diseases, as cough, difficult menstruation, hemorrhoids, *fluor albus*, chronic diarrhœa, and constitutional syphilis.

7th. After flooding during or after delivery, especially from placenta previa; after difficult labours; after obstetrical operations, especially those requiring the introduction of the hand into the uterus.

8th. Finally, the greater number of cases occurred in the months of February, March, April, and May, in females who the year before had been attacked by the grippe.

Uterine phlebitis may be distinguished into three periods, that are distinctly marked by peculiar symptoms; those of the first stage are not easily seized, they often escape notice, and require a more accurate study than they have hitherto received. One of the first is a more or less well-marked alteration of the countenance, which commonly accompanies deep-seated injury of the uterus. The patient suffers under a peculiar internal uneasiness; the sleep is disturbed; the skin dry, or covered with a clammy sweat; the heat normal; pulse small, soft, and somewhat quick; the abdomen supple and indolent; the uterus more developed than it should be, a little hard, and free from pain; only when strong lateral pressure is made over the uterus, the patient feels a dull, deep pain, which might easily be overlooked, without repeated examination. On examining internally, we find the upper part of the vagina and the os uteri tender and hot; the latter generally still open. The lochia are watery, of a red or brown colour, sometimes smell badly, and are scanty, as also is the secretion of milk. These symptoms commence sooner or later after delivery, and in six to eight days di-

minish, with increased discharge of the lochia, milk, and perspiration. In two to three, the passage to the second period takes place; this sometimes begins with a well-marked rigor, followed by a hot dry skin, pulse 80 to 100, thirst, great depression, uneasiness, loss of sleep and appetite.

The abdomen remains free from pain about the umbilicus and hypochondria; the uterus is however more and more developed, and often reaches as high as the umbilicus on the eighth or tenth day after delivery. It is more or less resistant or painful on strong pressure being made over the fundus or laterally. The lochia, which at the commencement of this stage were suppressed, become more abundant, thick, mixed with blood, purulent, and foul. The external parts are foul, red, and tender; the urine throws down a red sediment, and the stools are liquid; the secretion of milk becomes remarkably altered, watery, and produces colicky pains in the child. The duration and march of this period are very various, and seem to depend on individual constitutions, and the more or less quantity of vessels attacked.

Under favourable circumstances, purulent lochia, increased secretion of the milk and urine, general perspiration and fluid stools, appeared as critical symptoms, and the fever evidently fell between the seventh and fourteenth days; in other cases, however, after this period had continued for three or four days, it passed into the third, which was marked by the following symptoms, viz., a new access of severe rigor, which often lasted an hour, and was frequently repeated; burning heat; skin at one time dry, at another covered with a foul-smelling, clammy, profuse sweat, and sudamina; excessive prostration of the whole body; remarkable decomposition of the features; vertigo; ringing in the ears; loss of sleep; difficult respiration; partial delirium; great thirst; small soft pulse, from 110 to 130; complete retention of milk; sinking in of the breasts; dry tongue; vomiting from time to time of a gray fluid; tympanitic swelling of the abdomen, with burning and constant pain, and, in the latter stage, often a sensation of fluctuation; diarrhœa; metastatic and painful tumours often are formed on the backs of the hands, outer side of the arm, sternum, and coccyx; and the legs and thighs swell, or effusion takes place into the cavity of the thorax, giving rise to difficulty of breathing, cough, &c.

THE LANCET.

London, Saturday, April 16, 1836.

One of the distinguishing characteristics of the ignorance of a nation, in all ages, has been exhibited in the indifference of the people to the deserts of those men who, by their studies and knowledge, have rendered themselves capable of conferring great and lasting advantage upon the communities in which they have lived. We believe this fact exhibits a rule which has no exception. In ancient times, the most gifted philosophers were the objects of the bitterest persecution, and even in the enlightened era of modern improvement, a celebrated English discoverer was hunted by his countrymen from city to city, until he endeavoured to find, in self-expatriation, a security for his reputation, his life, and his property. The reflections arising from the recollection of such occurrences, impress the mind with many melancholy truths. Nevertheless, one fact is established, which cannot be too firmly impressed upon the judgment, namely, that ignorance is, remotely or immediately, the great source of nearly every moral evil which afflicts society; it operates, in short, like a devastating pestilence, in relation to *every* attribute, the encouragement of which is calculated to improve the social condition of a nation.

We know that much is said of the "diffusion of knowledge" in this country,—of the rapid enlightenment of the people, of the facile progress we are making towards the attainment of that perfect state of institutions, political and civil, which would give rise to the largest amount of happiness, from the just adaptation of the principles of good government to the wants of the community. In truth, it is quite necessary that the advancement *should* be rapid, or the youngest child in existence may not live to see reason triumph over prejudice, injustice over cruelty and persecution.

We are led to make these remarks by what is still passing relative to the medical contracts in the new parochial unions; and, in doing so, we hope we are justified in expressing a belief that the conduct of the Poor-law Commissioners and Boards of Guardians is regulated more by the negative influence of ignorance than by the positive dictates of a savage cruelty of disposition. They are at liberty to take their choice of the alternatives; the medical profession, we believe, will make a just reference to an odious combination of both. We have just been informed that in one Union, which numbers fifteen parishes, contains upwards of five thousand inhabitants, and extends more than ten miles in length, the surgeon, —the *slave* we should say, — is awarded, for attending the whole of the sick poor scattered over this immense district, the enormous sum of ——— what? We set down,—under feelings of the utmost indignation and scorn,—the beggarly pittance of *seventy-five guineas per annum!* Extra payments to the practitioner there are none, except for midwifery, at ten shillings a case—*when* the surgeon is wanted; in other words, he may be called in to attend a poor dying creature once a month, at midnight, at eight or nine miles from his home; and after breaking the bones of his horse and risking his own neck,—after finding that a fellow-creature has been slaughtered by the ignorance, the impatience, or the cruelty of an inexperienced female attendant, he may apply with humble mien and with hat in hand, for the magnificent sum of TEN SHILLINGS in return for his services, losses, sorrow, and degradation. In addition to the duties which we have already named, the contracting surgeon is required, by the conditions of his horrid bond, to attend all the persons belonging to *other* parishes, who, being paupers, may fall sick within the Union. We should designate this contract as a brutal one on the part of the Commissioners and Guardians, if it were not probably both libellous and unusual to employ so strong a term in print; *orally*, and in another place, it *shall* be designated as such.

But, it may be inquired, Why did the surgeon himself become a party to such an oppressive contract?—a question which is best answered, by stating the peculiar situation and circumstances of the practitioner; and by referring also to the threats which were held out to that gentleman at the time that he was offered—*liberally* offered, the situation in question. The medical gentleman resides in a village nearly in the centre of the Union; he is the only practitioner there; he has practised successfully in that place upwards of twenty years, and he has a wife and nine children, all looking to him for maintenance, and the latter for the means of education. Yet this gentleman, so circumstanced, after twenty years of residence and laborious exertion in a neighbourhood where there is no other practitioner, and where by incessant industry and frugality he has barely been enabled to keep the wolf from the door,—a man so circumstanced was threatened, that if he did not take the fifteen parishes—including (we forgot to state) the medicines, the accidents, and the performance of operations, at the charge of seventy-five guineas, a young man would be brought down and introduced from Somerset House; in other words, that another practitioner should be "established" in the village,—another practitioner, having neither wife nor children, who might completely undermine that connection from which, by the exercise of ability and the observance of integrity, he had derived a barely sufficient income for his family! And the men, who can act thus towards a gentleman, without whose adequate professional aid the suffering sick persons must often be the victims of protracted disease and unnecessary suffering, are called, by one of the grossest misnomers ever found in the laws of England—"*Guardians* of the Poor!"—Perpetrators of iniquity! Tigers! If a law could be passed for reducing these fellows to "pauperism"—for afflicting them with

pestilences and famines, with broken heads and crushed limbs, *then* might they find a just return for their unrelenting cruelty and steel-heartedness.

THE old ladies have been in a rare fluster this week at the College of Physicians. Calculating upon a loss of traed in their huxtering wares, from the opening of what they term a "new shop,"—the Metropolitan University,—they have resolved, if possible, to crush their rivals *by anticipation*, and deal *at once* in goods at the "lowest possible charge." Ah! These ninnies are completely caught in their own trap, and all the prophecies we have made in this journal, the Colleges have resolved should be fulfilled by their own conduct. The Fellows of the College in Pall-Mall East,—those men who have hitherto acted towards their professional brethren so haughtily and insolently —have now given that interpretation to their charter, which might have been awarded to it by a person of the dullest comprehension at the proper time,—before the year 1815, when the Act of the Apothecaries literally *smashed* nineteen-twentieths of the useful privileges of the College,—privileges which the blockheads who conduct the latter institution never had the sagacity or the honesty to exercise.

Be it known, then, to all men, that the physickers in Pall-Mall East, have commenced a completely new line of business, in *direct opposition* to the physickers of Bridge-street, Blackfriars. *Licenses* are henceforth to be sold at both places—if buyers can be found in Pall-Mall East—and the conditions to be complied with, preliminary to an examination, are made as slender as possible at the new shop, in the hope of catching customers. Buyers of licenses at the show-house in Pall-Mall, are not now to be required to produce a diploma from any University,—either a bought diploma, or a sold one, or a diploma obtained by forged certificates, or one procured by swindling. The new stratagem is likely to be productive of some alarm among the heads of the establishment in Blackfriars, because they apprehend, that as the *title* of "Doctor" may be purchased from their rivals without the additional charge, the advantages thus proffered may diminish the number of customers at Rhubarb Hall.

We may observe, that the whole proceeding ending in the resolution to open the door generally to candidates for the degree of M.D. at the College of Physicians, has been conducted (with injunctions of strict secrecy) at an "abrogation" meeting, and that even Mr. SPRING RICE is not to hear one word on the subject, until the determination of the College (adopted by a majority of 16 to 10) is officially announced.

We beg to direct attention to the charge of injustice, amounting often to cruelty, committed against the sufferers from accident or disease, in mines, contained in the letter at page 111 of the present LANCET. The miners, who pay for medical relief, ought unquestionably to have the power of selecting their medical attendant from amongst those surgeons whose long appreciated characters for humanity and assiduity form important additional qualifications in the sources of their professional reputation.

INTERCEPTED LETTERS.

"DEAR SIR HENRY: In consequence of a proposal having been made to institute a society for the purpose of *suppressing* quackery, it would be highly gratifying for us to be in possession of your sentiments on the subject. Your elevated position and professional rank,—your moral endowments, extensive experience, independent fortune, and advanced period of life, all combined, enable you more than any man in the profession to give an enlarged, candid, and *liberal* opinion on this important subject; and as your sentiments will, undoubtedly, have a powerful influence, not only on our College, but on all the constituted authorities, may I take the liberty of requesting that your communication on this subject be considered *official*, that such use may be made of it as shall in our judgment best promote the interests of the British community? I

have the honour to be, your very obedient servant,

"PETER P. LATHAM.

"Grosvenor-street, Monday."

"MY DEAR SIR: On no subject could you have asked my opinion, which has been more frequently a matter of serious reflection, than the subject of quackery. I well recollect, that after finishing my academical and classical studies at Edinburgh and Oxford, and when I had begun to reflect on which was the safest and smoothest path for me to pursue, so as to secure to myself a competent professional income as a pure physician, I was struck with the superior *eclât* of several of the professed charlatans of the day, over that of any of the *regular* practitioners. At that time Dr. BADHAM, with his *Balm of Gilead*, enjoyed much more professional fame than even such men as the great Dr. WARREN, or any other physician in London. BADHAM was only an illiterate adventurer, and nothing tended to diminish the value of Scotch degrees more than their selling one to him, and letting him become a member of the Royal College of Physicians of Edinburgh. At the period of my own life to which I allude, nothing was so difficult as for a regular physician to *exist* without some independent fortune, for the first ten or fifteen years of his practice, so that a young physician who had received a most moral education, and had pursued a line of the most rigid and virtuous conduct, had every temptation to adopt some sinister mode of bringing himself into notice, and of acquiring a competent income, perhaps not altogether consistent with the education and sentiments of an Oxonian. A natural contempt for anything like quackery, decided me on beginning my career, which became afterwards so brilliant and successful, at a watering place. I therefore repaired to Scarborough, where I practised during the bathing season of several successive years; and after having made myself thoroughly acquainted with all the minutiæ of salt-water baths, and the chemical composition of sea-water, I got many of my Scarborough patients, on their return to London during the winter months, to employ me, and by recommending them to *again* return to Scarborough during the summer months, I was fortunate enough to make the nucleus of an excellent connection, and I had then, more particularly, the happiness of forming an intimacy with, and gaining the esteem of, the Right Reverend Father in God, the Bishop of ——, and I may indeed say, that from my connection with that great dignitary of the church, arose my high reverence and respect for, and the multiplicity of blessings I have received from, the whole of that body during my lifetime, and now in particular, that the end of it is fast approaching, it is to them that I look for every earthly comfort. Had I not been prosperous in my Scarborough speculation, and had the public not soon awoke to my practical talents, and given me due credit for my classical acquirements, I am not prepared to say *what* step I might have been induced to take, in order to secure my worldly success. But such is my opinion of the profession generally, that when I take a retrospective view of it during the last forty years, I am perfectly convinced that it is quite as absurd to institute a society to *prevent* quackery, as it was to found one for the *suppression of vice*. It would be as consistent for me to preside in an institution for the *propagation* of quackery, as to give my countenance to the new institution. No one can pretend to say where quackery *begins*, so that the distinct line of demarcation between a *regular* and an *irregular* physician, it is impossible to define. It is true that we can define *extreme* cases. The rubbing system of Doctor St. JOHN LONG, the metallic tractors of Doctor PERKINS, the mineral magnets of Doctor BLUNDELL, the universal pills of Dr. MORISON, or the bread pills of Doctor RODERICK M'CLOUD, are all undeniable specimens of downright empiricism. But from such cases of quackery we can pass down, step by step, tracing the demon in a less tangible but in an equally diabolical shape, until we arrive at the members of our own College. An homœopathist differs only in kind, but not much in degree, from a MORISON, or a BLUNDELL, or a M'CLOUD, for surely there can be little difference in the *moral* condition of the man who prescribes the thousandth-part-of-a-grain pill, of him who makes the composition of his pill a secret, or of him who has the effrontery to prescribe *bread pills*. Next to such persons in atrocity we may rank a class whom Mr. LISTON very properly denominated, in one of his excellent lectures which I read in THE LANCET, *scientific* or classical doctors. He also included, I believe, those who practised on *physiological* principles,—those who pretended to hear with their ears all that was going on in the internal viscera, and who were so learned that they could account for even the rumblings and grumblings in the abdominal cavity of a dyspeptic lady. These auscultators, as I believe they call themselves, are nearly equalled by another set, who cure everything by *regimen*. I do not mean to assert that much benefit may not be derived from a proper attention to diet and regimen, and no physician is more particular on these points than myself. No class of patients will submit to restrictions in eating and drinking. The upper classes, and those who are highly educated, all devote themselves to every species of abdominal gratification. If you only compare the dinner table of an aristocrat with the simple

repast of a *bourgeois*, then every physician will perceive the necessity of prescribing *palatable* drugs, as well as savoury kinds of food to all his higher class of patients. A physician who acquired the character of a *starving doctor* would soon be starved himself; consequently I have found it extremely beneficial to my practice to contrive on every visit some *viand* or *beverage* which shall gratify the palate. Hence I have found, after an experience of nearly forty years, that an anchovy toast at breakfast was more refreshing to the stomach of a gourmand, and a spoonful of curacoa more comforting to a nervous lady, than any of my most elegant prescriptions.

"The next set of *irregular* Charlatans, and they are more to be reprobated than your bold, intrepid, downright regular quacks, are those who pretend to make wonderful cures of *incurable* diseases, by some *new* remedy. What miraculous cases have not been performed by veratria, tar-water, naphtha, iron, and creosote! I have been credibly informed that in one particular hospital of this great city, one medical officer will prescribe a particular medicine in almost every case, to the wonder and consternation of the students who attend to learn the practice of physic. Another system of practice, which must be admitted to be empirical, is that of always writing at each visit a *new* prescription, altering the colour of draughts, and 'ringing the changes' on all the medicaments. It is, I know, absolutely necessary that in order to make it appear that each visit of a physician is of great importance, a new prescription should always be written; and here arises perhaps one of the most important advantages of writing prescriptions in Latin, an advantage which the classical education of the Fellows amply affords them. Counting the pulse over and over again, with a stop-watch, squeezing the different regions in order to seem to be detecting disease by creating pain, examining the urine, and carrying about, like PROUT or BRODIE, slips of litmus paper as tests, and analyzing the excretions of the alimentary canal, are all means which are resorted to in order to impress patients with a sense of the talents and attentions of the medical attendant.

"As to *surgical* quackery, a little reflection will point out its various kinds. Many a poor wretch has been condemned to all the pain and misery of an operation for no other purpose than that of extorting a fee! We all know how seldom operations succeed in doing any good, and we cannot suppose that those who perform them do so from ignorance. Another species of surgical quackery is the theatrical exhibition of operations. The bougie system, too, has been, and continues to be, very widely resorted to by surgical quacks. Never shall I forget the traffic in bougies of the late JOHN PEARSON. Whenever a person applied to him on account of an imperfection in the functions of the urinary passages, he always introduced a bougie, and invariably announced the presence of a stricture, adding 'I am happy, Sir, to say that you have applied to me *just in time*. I can certainly cure you if you will submit to my system of treatment.' Now JOHN had no less than *thirteen* different-sized bougies, each numbered according to its order, and a golden bougie with which he used to *complete* the cure. All these different-sized bougies he used in succession, one after another, each being introduced as frequently as the victim would allow, so that by this ingenious manœuvre, JOHN was enabled to double, triple, or even quadruple, *in guineas*, the numbers of his bougies. A friend of mine, one of his patients, used to give me a strange account of the scenes he witnessed amongst the patients in the waiting-room. Ten or fifteen of these unfortunate men used to be assembled together, at a particular hour, each having a bougie introduced, and the usual conversation amongst them consisted in comparing their cases, and the numbers of their bougies. 'I have got to the length of No. 4,' observed one. 'Thank Heaven No. 8 passed easy this morning,' said another. A third observed 'that No. 13 had failed in passing the last stricture.' 'I am happy,' said a fourth patient, 'that No. 16 will be tried with me to-morrow!' when in comes a blustering Irishman. 'By J——, my lads, PEARSON has rigged me out this morning with the golden-pole!' I might quote many other kinds of surgical quackery, such as the disgusting rectum system, and the *puff* system, both practised by members of the Council in Lincoln's-inn-fields, the very men who should endeavour to suppress quackery in others.

"Having given you this statement of what I conceive to be the actual state of the practice of medicine in this country, I must say that I do not see how it is possible for the legislature to interfere so as to promote the public welfare. If you cannot pretend to define where quackery begins, or where it ends, how is it possible for an Anti-Quackery Society to do any good? We all know perfectly well where quackery *does* exist, but who will come forward to tell us where it does *not* exist. Confounded as I was by the answers given by my friend Mr. WARDROP on his examination before the Medical Committee on this as well as many other points of medical legislation, I now decidedly agree with him that all attempts hitherto made by the legislature to suppress or publish quackery have completely failed. It would be unwise in the present Government to make any attempt further than to endeavour to provide the public amply with *well-educated medical men*. Mr. WARDROP's statement cannot be denied, that the best-

educated and highest class of persons in this country are decidedly the greatest patrons of quackery, and therefore it is that our College never dares to attempt to prosecute the regular Charlatan. What, for instance, would the Court have said had we sent to prison the German Homœopathist who was giving the millionth part of a grain of some indescribable compound to our most gracious Queen ADELAIDE?

"All these things being considered, I hesitate not to give it as my decided opinion that it is our duty, as well as that of all legitimate medical authorities, *not* to give their countenance and support to any attempts to suppress quackery, but to permit, as far as they are concerned, Empiricism to have its full swing throughout the kingdom, and to leave such men as MORISON and M'CLOUD perfectly unmolested. The public at large must be left at full liberty to judge for themselves, and place confidence in whom they please. All that we can do is to grant licenses, and give certificates to those whom *we* conceive to be amply qualified to practise physic. But though it is well known and generally acknowledged that there have been many individuals, such as GOOD and ARMSTRONG, who for some reason or another we did not think qualified, or proper to be allowed to belong to our body, from ignorance in Greek or Hebrew, defective morals, and such-like, the public will countenance and employ such individuals, in spite of every effort we may attempt to make to ruin their prospects and blast their reputation. I am, dear Sir, your faithful servant,

"H. H.

"Curzon-street, April, 1836."

TEACHERS OF ANATOMY AND SURGERY.

(Received by the Editor, for insertion, from the College of Surgeons, Lincoln's Inn Fields, April 12, 1836.)

To Gentlemen applying for the recognition of the Royal College of Surgeons in London, as Teachers of Anatomy and Surgery.

THE Council of the Royal College of Surgeons deem it essential that teachers of anatomy should be provided with the preparations of parts mentioned in the following schedule, intended to comprise those preserved, injected, or otherwise prepared structures, which cannot be adequately demonstrated in the recent subject.

1. Artificial skeletons, male and female.
2. The several bones of the skeleton, including the separated bones of the cranium.
3. Sections of the cranium.
4. Preparations showing the structure and growth of bone.
5. The component structures of the various joints.
6. The deciduous and permanent teeth, their structure and formation.
7. The mouth, salivary glands, fauces, and other parts concerned in deglutition.
8. The organs of digestion and their appendages; exhibiting the structure of the alimentary canal, of the glandular and other parts concerned in the digestive process.
9. The thoracic duct, the lacteals, and the other absorbent vessels with their glands.
10. The heart, exhibiting its structure in the adult and fœtal states; and the parts concerned in the circulation of the fœtus.
11. The bloodvessels, their structure, arrangement, and distribution.
12. The larynx, the trachea, and the lungs, with the distribution of the air-tubes and the bloodvessels.
13. The brain and spinal chord, with their membranes.
14. The nerves, their origin, structure, and distribution.
15. The organs of the senses:
    1. Of sight: the globe of the eye, its component textures, the lachrymal apparatus, and its other appendages.
    2. Of hearing: the various parts comprised in its external middle, and internal divisions.
    3. Of taste: the tongue, its nerves and papillæ.
    4. Of smell: the nasal chambers, the communicating sinuses, and their lining membranes.
    5. Of touch: the peculiar conformation of the skin instrumental thereto, with the structure of the common integuments and their appendages.
16. The urinary organs, showing the structure of the kidney and ureters, of the bladder, the urethra, and Cowper's glands.
17. The male organs of generation, exhibiting the structure of the testis and vas deferens, of the vesiculæ seminales, of the prostate gland, and of the penis.
18. The female organs of generation in the unimpregnated and gravid state.
19. The peculiarities of the fœtus.

It is expected that teachers of surgery should have the means of illustrating by suitable preparations those points in pathology and practice, which are treated of in surgical lectures.

EDMUND BALFOUR, Sec.

March 15th, 1836.

MEDICAL WITNESSES BILL.

PETITION FROM SWANSEA.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled.

The humble petition of the MEDICAL PRACTITIONERS OF SWANSEA, in Glamorganshire,

Humbly showeth,

That your petitioners being medical practitioners, practising medicine and surgery in and near Swansea, in the county of Glamorgan, humbly make known to your honourable House, that, in common with their professional brethren throughout this kingdom, they are frequently called on to attend and give evidence at coroner's inquests, and to perform post-mortem examinations thereat, which duties necessarily occupy much time belonging to professional avocations, on the pursuance of which your petitioners depend for a livelihood. Your petitioners feel the great hardship thus imposed on them in being obliged to attend without *adequate* remuneration, at any time, and oftentimes *gratuitously*; more particularly in cases where post-mortem examinations are required, the performing of which is frequently dangerous to health, and in instances where death is supposed to have resulted from poisoning, or other causes, in which case considerable time and laborious pains are requisite in order to enable your petitioners to arrive at just conclusions in giving the evidence required. They therefore approach your honourable House with this their humble petition, and pray that your honourable House will be pleased to take the subject into your consideration, and grant such remuneration for performing the above-named services, as will enable your petitioners to execute the same without the sacrifices to which they are at present exposed, whereby not only they themselves, but the sacred cause of humanity suffers. And your petitioners, as in duty bound, will ever pray, &c.

D. Long,	D. Nicol,
J. Gibbon, M.D.,	W. Harris,
E. Howell, M.D.,	W. Rowland,
W. Terry,	D. J. Williams,
Geo. G. Bird,	A. Maber,
T. W. G. Gutch,	D. Cohen, M.D.
L. A. P. Mortimer,	T. B. Powell.

*** We are able to find room only occasionally for petitions on this subject, but we inform our readers with great pleasure, that addresses to the Houses of Commons and Lords are pouring in from all quarters of the country, in support of a similar prayer to that of the above petitioners.

WESTMINSTER MEDICAL SOCIETY.

March 26, 1836.

Dr. ADDISON in the Chair.

PHARMACEUTICAL PREPARATIONS.

DR. ROBERT D. THOMSON exhibited several specimens of vegetable concentrated extracts and infusions, which were prepared by careful attention to the nature of the elements which entered into their composition. At the request of the President, he made a few observations upon the specimens submitted to the inspection of the Society. He remarked, that in regard to extracts, it is an important object to reject all those parts which have no action upon the animal system. For example, in the *extract* of *conium*, the only constituents which can possess any remedial agency, are *extractive* or *tannic* acid (both of which names are applied to substances possessing identical properties), and the oxide of CONEINE. But tannic acid readily decomposes under particular circumstances, as by exposure to the air, when saturated with moisture, and is then converted into a different substance, *ulmine* or *ulmic* acid, possessing different properties. The principle *coneine*, in which the narcotic properties of the *conium maculatum* reside, is a colourless oil, but when exposed to the atmosphere, it is changed into a green resin, which imparts its colour to the extract. Hence a good green colour is a test of the genuine nature of this extract, if proceeding from the proper colouring matter, and hence a spurious extract is too often introduced into apothecaries' shops, which is coloured by means of salts of copper. The specimens of this extract before the Society, possessed the green colour of the oxide of coneine in perfection, and after having been kept for two years, was as perfect as when first formed, and not a trace of copper could be detected by appropriate tests. It was double the strength of the common extract of the shops, a dose consisting of two grains and a half. The specimen of *extract* of *hyoscyamus*, also exhibited, had been preserved for a similar period, without being in the slightest degree impaired, either in appearance, chemical properties, or narcotic effects. Solubility is a test of the purity of this extract. Its dose is two grains and a half.

Dr. THOMSON called the attention of the Society to a new preparation, the *kinate* of *quinin*, from the *cinchona cordifolia*, in which the quinin, instead of being in combination with sulphuric acid, as in the form in which that medicine is usually administered, is retained in union with its native acid, and presented in the same form in which it exists in bark. The aromatic and astringent principles of the bark are also retained in this preparation, so that it actually comprises in

a concentrated form all the active principles of the bark. It is pale yellow, quite soluble in water, and in doses of five grains forms a more powerful remedial agent than sulphate of quinin. Dr. T. observed, that in favour of the employment of this remedy, he might state that in the course of his experience in China, he had found bark much more effective in the cure of intermittent fever than sulphate of quinin, showing that the astringent principles of bark possessed a powerful influence on the human constitution. The great objection, however, to the use of the bark, is its bulky form. This objection is remedied by the kinate of quinin, which, from numerous trials, has been proved to possess fully the properties of bark.

Dr. WEBSTER observed, that the opinion given by Dr. Thomson of the superiority of bark over sulphate of quinin, was in accordance with his own experience, and he was glad to hear such good authority in corroboration of his own observations.

Dr. FERGUSSON remarked, that he was astonished that Dr. Thomson should say, that the great objection to the use of bark was its bulk, when a more weighty objection was its frequent adulteration. In the West Indies, where his experience lay, the bark was almost always adulterated, and seemed mixed with something like brick-dust, whereas sulphate of quinin was comparatively pure.

Dr. WEBSTER and Dr. ADDISON, in correcting the last speaker, showed that the sulphate of quinin might be, and was as much liable to adulteration as bark, and that Dr. Thomson's remarks referred to those substances in a state of purity, and proved that bark is a more powerful curative agent than sulphate of quinin.

Dr. THOMSON then observed, that the infusions of cusparia and senna submitted to the meeting, were seven times the strength of the common infusions, and that in order to render them of equal strength, it was only necessary to add to one part of infusion, seven of water. In answer to a question as to their permanance, he stated that they and all the other infusions used in this country, had been preserved for several months without any deterioration whatever.

A well-written and comprehensive paper on worms was then read by Dr. Peregrine.

NEW SELF-GUIDING CATHETER.

AT a late meeting of the *Westminster Medical Society*, Mr. COSTELLO exhibited a new catheter which had been used frequently by himself and other medical men, and found to be a great improvement on the instruments generally employed in catheterism. It is constructed with a greater consideration of the form and peculiarities of the urethra than the old catheter. The most desirable qualities for a catheter Mr. Costello said he had thought should be, 1st. A volume in full proportion to the caliber of the urethra. 2nd. Such a shape that the space in advance of the old instrument, and produced by it, shall be occupied by a small directing prolongation, of the point of the new one, having an inclination to the upper surface of the canal. 3rd. On its under surface the shape between the tip of the small prolongation, and the part at which its full diameter is restored, should be such as to accommodate itself to the depressions, as it passes them, also depressing and flattening the eminences on the under surface of the urethra as it passes over them. 4th. Eyes not too large, and so placed as not to present any obstacle to the progress of the sound, by plugging or stopping up with the lining membrane of the urethra. To fulfil these conditions, the self-guiding catheter was constructed. It is similar in form to the common catheter, except from the eyes to the termination of the beak, in which portion its shape is entirely different, consisting of a neck, a head, and a beak, strongly resembling the neck, head, and bill of a swan. "When passed into the urethra," observed Mr. Costello, "the bulk of the head is sufficient to unfold the membrane in advance of it; the bill occupies the vacant space thus made, and continues to move along slowly, in contact with the upper surface of the urethra, from which its extreme point is so fashioned as to incline slightly towards the axis of the urethra. When it arrives at the bulb, the bulk of the head occupies the depression, while the guide or bill is necessarily directed into the middle of the isthmus, or the commencement of the *fixed* portion of the canal; the pavilion being now gently lowered, the bulk of the head ascends out of the depression of the bulb, and, favoured by the inclined plane in which the head and bill are blended together, glides imperceptibly over the sill formed by the under edge of the triangular ligaments. It moves on freely through the muscular portion until it reaches the prostate; here again the guide, keeping close by the upper surface, overtops the eminence of the vero-montanum, and, depressing it, leads the head of the catheter gently over it. The bill then enters the bladder at the upper part of its orifice, making way for the head of the catheter as it had done throughout the whole of its passage. The chief peculiarity of this catheter consists in the fidelity with which its upper surface keeps to the upper surface of the urethra, while the bulk of the body tapering upwards to the end of the bill, successively unfolds the depressions, and climbs upon the eminences which it meets in its course along the inferior surface of the canal."

BATTLEY'S LIQUOR OPII SEDATIVUS AND LIQUOR CINCHONÆ.—At a late meeting of the *Medico-Botanical Society*, Dr. Sigmond stated, on the authority of Mr. Battley, that this well-known preparation, which has been made according to a secret formula for many years, is formed simply by *macerating opium in distilled water* for a given time at an equable and gentle temperature (that of the laboratory), with free access of light and air. About a seventh part of alcohol is added at the end of the process, in order to preserve the liquor. Mr. Battley's "Liquor Cinchonæ" is prepared by macerating seven pounds of coarsely-powdered bark in seven gallons of distilled water for twenty-four hours, straining, and evaporating, to a certain extent, in Wedgwood dishes. About four ounces of spirit may be added, to preserve the liquid. It is said to be a preparation equal to quina; seven or eight drops are a sufficient dose.

NORTH-LONDON HOSPITAL.

SCALD OF THE GLOTTIS, ET CETERA.

C. H., ætat. 3½, was admitted under Mr. COOPER on the morning of the 18th of March, at about 11 in the forenoon, having drunk some boiling water from the spout of a tea-kettle, at seven the preceding evening. The mother of the child had been engaged in preparing tea for her family, and had for that purpose just removed the kettle from the fire, when, being called out of the apartment, her child took the opportunity presented by her absence, and attempted to drink from the spout of the kettle as it stood on the edge of the table. The child did not complain so much at the time as might have been expected. But before two hours had elapsed he was attacked with urgent dyspnœa, accompanied by vomiting. During the night the difficulty and rattling in his breathing increased so much that the parents expected the child to die of suffocation. No remedies of any importance had been used before the child's admission into the hospital. At that time, seventeen hours after the receipt of the injury, there was very great dyspnœa, the chest and muscles of the throat acting strongly at each inspiration, which was accompanied with a loud croaking sound. Expiration was accompanied with a wheezing noise. The child could neither speak nor swallow. Pulse 164, and of good strength; the lips and lining membrane of the mouth were excoriated, the latter hanging in detached portions. On passing the finger along the root of the tongue, a soft puffy swelling was found to occupy the posterior fauces. This examination, as well as gentle pressure on the external surface of the larynx, produced great temporary increase in the urgency of the symptoms.

The respiration in the front of the chest was clear and puerile. At the root of the lungs there were loud, sonorous and mucous rattles.

Mr. COOPER saw the child soon after its admission. He thought it would be advisable to give the child calomel in full doses; that, at present, he did not think tracheotomy was called for, though it was extremely probable that it might soon be so, and that no delay should be made in its adoption. Eight leeches were applied to the external fauces, a blister upon the back of the neck, and four grains of calomel placed on the tongue every half hour.

5 p.m. Is much the same; the dyspnœa has been much greater for a few moments, and then relaxed to its former degree of severity. The leeches have bled freely.

11 p.m. A decided improvement is obvious. Pulse 150. The noise made in each inspiration, which before was audible at the farthest end of the ward, is now much less. The child has spoken once or twice indistinctly; countenance is much less anxious.

March 19. Child has continued to improve during the night; dyspnœa gradually disappearing; can now speak; swallows with a little effort. Ordered a purgative of calomel and jalap. Has taken sixteen doses of calomel, gr. iv in each dose.

20. Is convalescent. Medicine discontinued.

21. Was seen to-day by Dr. WALLACE of Dublin, who was the first to recommend the plan of giving calomel in these cases, and whose clinical lecture appeared in THE LANCET the day after the child's admission into the hospital.

Discharged cured.

EFFECTS OF SULPHATE OF ZINC ON THE NERVOUS SYSTEM.

Mary Ann Keen, aged 19, was admitted a short time since under the care of Dr. ELLIOTSON. She has been subject to epileptic fits, one or two occurring almost every day since their commencement about six months ago. These fits have been usually of the ordinary character. She has been treated antiphlogistically on account of congestion in the head, with success, but the fits remained the same, under the use of a course of nitrate of silver, and another of the ammoniated copper. On the 19th of March Dr. ELLIOTSON ordered her to have two grains of the sulphate of zinc three times a day. Immediately after the com-

mencement of the use of this medicine a marked alteration took place; the fits were of shorter duration, and she came out of them laughing. After swallowing each pill she experienced a titillation of the whole surface of the body, with a disposition to laugh, quite incontrollable. On the 22nd instant the dose was increased to four grains; the same effects in a more marked manner were observed. The dose on the 26th was increased to six grains, and on the 2nd of April to eight grains. The same effects continue; the fits are less frequent, and she is in a state of perpetual merriment. These facts would seem to confirm the opinion, that sulphate of zinc has a decided effect on the nervous system.

CREOSOTE IN DIABETES.

Dr. Elliotson has employed creosote in a well-marked case of diabetes. The patient was a baker, aged 23, who was admitted in the April of last year, having for about three weeks before made more water than usual, and become weak. The creosote was given in one minim doses, immediately on his admission, and was carried as high as thirty minims three times a day, it having been gradually increased in quantity. For the first three or four months it seemed to have a marked influence on the affection; the urine, on his admission, discharged daily, amounted to thirteen pints and a half; in September it averaged six pints only in the twenty-four hours; there was, however, rather an increase, than otherwise, in its specific gravity. After this, though the medicine was increased in quantity, the effect seemed to be suspended, and towards the close of his life opium was administered in its stead, with perceptible benefit; he took at one time, the dose having been gradually increased, as much as seventeen grains of it in the twenty-four hours. He eventually sank from phthisis pulmonalis, which had evidently existed from a very short time after his admission. The lungs after death were found much ulcerated. The kidneys exhibited no remarkable change; they were considerably enlarged, and rather more congested than natural, but no organic change was evident.

Dr. Elliotson said he believed that in the cases which had been published in the foreign journals, of diabetes being cured by creosote, hasty conclusions had been arrived at. He had employed creosote in this affection in five cases. He never found it cure one of them, though it seemed to have, as in the above case, a decidedly good effect, up to a certain extent; it then appeared to become inert. Opium had, of all medicines, the most decided effect in this disease.

Exercise.—I was early sent to the Colleges of Evian and St. Maurice, on the borders of the Lake of Geneva. Most people are aware that the winter is there generally very severe; during that season there was but one fire in a hall capable of containing about 300 pupils, the bed-rooms were never warmed, we were consequently compelled to have recourse to exercise, in order to resist the cold; for we were not even allowed to go near any place where we might procure a *handful of fire*, if I may be permitted to use so homely a term. The consequence was that we gradually accustomed ourselves to the privation, and never felt cold, for the warmth resulting from exercise (as I have already observed) is far preferable and more salutary than the heat of a fire, which makes us more liable to catch cold as soon as we go from it. Our beds were simply straw mattresses, perhaps not so comfortable, but much more wholesome. I may further remark, that during a period of ten years spent in these colleges, I recollect but one instance of a medical man being called in to attend on any of the pupils.—*Freschet on Educ.* *** Nevertheless, no sedentary occupations ought to be conducted in a room of a less temperature than 60°, unless the periods of application be brief.

A Clinical Lecture by Dr. Wallace on the treatment of the Venereal Disease with the Hydriodate of Potash, will appear in the next Lancet.

CORRESPONDENTS.

The address and reply which have been forwarded to us by *Dr. Marshall Hall* cannot be inserted except on the cover as an advertisement. Dr. M. Hall, on a re-examination of the documents in question, will find that they contain no sufficient answer to the remarks of our correspondent.

We have to apologize to our friend in Judd-street for our silence. He shall have a note shortly, with an explanation.